



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29410812>

-442 1/3)

Library

II



HARPENDEN URBAN DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

GEORGE CUST M.B., Ch.B., D.P.H.

AND

SENIOR PUBLIC HEALTH INSPECTOR

JOHN SNOWDON M.A.P.H.I.

FOR THE YEAR 1963

CONTENTS

Members of the Council and Public Health Committee	.. .. .	2
Staff	.. .. .	3
<u>Report of the Medical Officer of Health</u>	.. .. .	4
<u>Section A</u> Statistics and Social Conditions of the Area	.. .. .	5-6
Causes of Death	.. .. .	7
Commentary on Vital Statistics	.. .. .	8-9
Cancers	.. .. .	10
Prevalence of and Control over Infectious Diseases	.. .. .	11-12
<u>Section B</u> General Provisions of Health Service for the Area	.. .. .	13
Welfare Centres, Clinics and Hospitals	.. .. .	13-14
<u>Section C</u> Sanitary Circumstances of the Area	.. .. .	15
Water Supply and Sewerage	.. .. .	15
Public Swimming Bath	.. .. .	16
<u>Section D</u> Housing	.. .. .	17-18
<u>Report of the Senior Public Health Inspector</u>	.. .. .	19
Summary of Inspections	.. .. .	20
General Sanitation	.. .. .	21-25
Control of Food and Food Premises	.. .. .	26-30
Housing Act, 1957	.. .. .	31
Rent Act, 1957	.. .. .	31
Improvement Grant Survey	.. .. .	32
Housing Management	.. .. .	33-34
Petroleum Regulations	.. .. .	35
<u>Divisional Health Service</u>	.. .. .	Appendix One
<u>Report on the School Health Service</u>	.. .. .	Appendix Two
<u>Health Education</u>	.. .. .	Appendix Three

HARPENDEN URBAN DISTRICT COUNCIL

1963

Chairman : Cllr. V.E. Truss, J.P.
Vice-Chairman : Cllr. H.C. Williamson, M.B.E., J.P.

Cllr. E. Ackroyd.	Cllr. J.H.F. Fryd.
Cllr. W. Anderson.	Cllr. F.N. Gingell, M.B.E., J.P., C.C.
Cllr. A.W. Bath.	Cllr. E.G. Hill.
Cllr. K.H. Bond.	Cllr. E.H.E. Knapman.
Cllr. C.W. Curl.	Cllr. Miss. P.M.D. Tansley.
Cllr. L.T. Fowler.	Cllr. J.R. Wallis.
Cllr. R.H. Fox.	

Public Health Committee

Chairman : Cllr. E.H.E. Knapman.

Cllr. K.H. Bond.	Cllr. Miss. P.M.D. Tansley.
Cllr. L.T. Fowler.	Cllr. J.R. Wallis.
Cllr. R.H. Fox.	Cllr. H.C. Williamson, M.B.E., J.P.
Cllr. E.G. Hill.	

PUBLIC HEALTH DEPARTMENT STAFF

1963

G. Cust, M.B., Ch.B., D.P.H.	Medical Officer of Health.
J. Snowden, M.A.P.H.I.	Housing Manager and Senior Public Health Inspector.
G.P. Chaplin, M.A.P.H.I.	Assistant Housing Manager and Additional Public Health Inspector.
R. Sturman.	Housing Assistant.
Miss. M. Saunders.	Typist.
E.A.C. Faram.	Rodent Operative.

REPORT OF THE MEDICAL OFFICER OF HEALTH

To the Chairman and Councillors of the
Harpenden Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present the Annual Report on the health of the Harpenden Urban District for 1963.

I have presented the Annual Report in the same form as last year, with, in addition to sections relating to the work of the Urban District Council's Health Department, some information on the work of the Divisional Health Services. Although these are County Council Services they are services which play an important part in the health of the children and adults in Harpenden.

The health of the people of the district on the whole was very good and for details I refer you to the body of the report.

I would like to record my thanks to all the staff, the Doctors, Miss Thornton and the Nursing Staff, Mrs. Darbyshire and the Home Helps, Mr. Jewell and the Office Staff, Mr. Snowdon and his staff here in Harpenden, for all their work and help throughout the year. I would also like to say a special thank you to my colleagues the Family Doctors and my colleagues in the Hospital Service and the Headmasters and Teachers of the town, whose help throughout the year has been invaluable. I also would like to thank the Editor and the Staff of the local press for the help they have given us in the Health Department throughout the year.

Finally I would like to take this opportunity of thanking you, Mr. Chairman, Madam and Gentlemen, for all the consideration you have given me and members of my staff throughout the year.

I have the honour to be,

Your obedient Servant,

GEORGE CUST,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Registrar General's Estimate of Resident Population	19,800
Area in Acres	3,157
Number of Inhabited houses on the rate Books	
Dwelling Houses	6,391
	(including flats and 4 Caravan Sites containing approx. 3 caravans.)
Shops with living accommodation	60
Licensed Premises with living accommodation	25
Rateable Value	£1,056,163
Sum represented by a penny rate	£4,258

Vital Statistics

Live Births

Number	342
Rate per 1000 population	17.3

Illegitimate Live Births

Number	10
Rate % of total live births	2.9

Stillbirths

Number	6
Rate per 1000 total live and stillbirths	17.3

Total Live and Stillbirths	348
----------------------------	-----

Infant Deaths (deaths under one year)

Number	5
Rate per 1000 live births	14.6

Infant Mortality Rates

Total infant deaths per 1000 total live births	14.6
Legitimate infant deaths per 1000 legitimate live births.	15.1
Illegitimate infant deaths per 1000 illegitimate live births.	NIL

Neo-Natal Mortality Rate

Number	5
Rate per 1000 total live births	14.6

Early Neo-Natal Mortality Rate

Number	4
Rate per 1000 total live births	11.7

Peri-Natal Mortality Rate

Number (stillbirths and deaths under one week)	10
Rate per 1000 total live and stillbirths	28.7

Maternal Mortality (including abortion)	NIL
---	-----

Deaths

Number of Deaths	196
Death rate per 1000 of the estimated population	9.9

In order to make comparisons between the rates in different areas and the country as a whole, the Registrar General has supplied "Comparability Factors" to be applied to these two rates so that comparisons can be made.

<u>Crude Birth Rate</u>	<u>Adjusted Birth Rate</u>	<u>Crude Death Rate</u>	<u>Adjusted Death Rate</u>
17.3	17.6	9.9	10.8

Death, Birth and Infant Mortality Rate since 1948.

<u>Year</u>	<u>Crude Death Rate</u>	<u>Crude Birth Rate</u>	<u>Infant Mortality Rate</u>
1948	9.3	18.1	11.7
1949	10.4	15.7	17.5
1950	9.3	13.3	25.5
1951	11.7	13.0	16.0
1952	9.1	12.8	42.5
1953	10.7	13.8	29.6
1954	3.4	14.6	4.6
1955	10.5	15.5	12.7
1956	10.5	16.1	7.9
1957	10.1	16.0	19.5
1958	10.6	19.0	25.5
1959	9.3	19.8	17.6
1960	9.9	20.7	27.8
1961	8.8	16.1	27.1
1962	9.4	18.1	14.5
1963	9.9	17.3	14.6

Causes of Death.

	<u>M</u>	<u>F</u>
1 Tuberculosis, respiratory.	-	-
2 Tuberculosis, other.	-	-
3 Syphilitic disease.	-	-
4 Diphtheria.	-	-
5 Whooping Cough.	-	-
6 Meningococcal infections.	-	-
7 Acute Poliomyelitis.	-	-
8 Measles.	-	-
9 Other infective and parasitic diseases.	-	-
10 Malignant neoplasm, stomach.	3	1
11 Malignant neoplasm, lung, bronchus.	6	2
12 Malignant neoplasm, breast.	-	6
13 Malignant neoplasm, uterus.	-	1
14 Other malignant and lymphatic neoplasms.	13	13
15 Leukaemia, aleukaemia.	-	1
16 Diabetes.	-	-
17 Vascular lesions of nervous system.	9	17
18 Coronary Disease, angina.	16	9
19 Hypertension.	2	6
20 Other heart disease.	11	22
21 Other circulatory disease.	1	3
22 Influenza.	4	1
23 Pneumonia.	2	8
24 Bronchitis.	7	2
25 Other diseases of respiratory system.	1	-
26 Ulcer of stomach and duodenum.	-	1
27 Gastritis, Enteritis, Diarrhoea.	-	1
28 Nephritis and nephrosis.	1	-
29 Hyperplasia of prostate.	1	-
30 Pregnancy, childbirth and abortion.	-	-
31 Congenital malformations.	-	2
32 Other defined and ill-defined diseases.	8	7
33 Motor vehicle accidents.	3	-
34 All other accidents.	1	3
35 Suicide.	-	1
36 Homicide and operations of war.	-	-
	<u>89</u>	<u>107</u>

Vital Statistics 1963 - England and Wales.

Provisional figures based on Quarterly Returns of Registrar General,

Births.

Live Births (per 1000 total population)	18.2
Stillbirths (per 1000 total live and stillbirths)	17.3

Deaths.

All Causes (per 1000 total population)	12.2
Infants under 1 year (per 1000 related live births)	20.9
Maternal Mortality (per 1000 total live and stillbirths)	0.28
Neo-Natal Death Rate (per 1000 related live births)	14.2
Peri-Natal Mortality Rate (per 1000 total live and stillbirths)	29.3

This table is included to enable comparisons to be made between local rates and national rates, but in dealing with the relatively low numbers from which local rates are calculated, one must be very cautious about drawing conclusions.

Number of Deaths and Death rate from Tuberculosis and Cancer, 1963.

The provisional number of deaths and death rates per million population for England and Wales during the year 1963 are as follows :-

	<u>Number</u>			<u>Rate per million population</u>		
	Males	Females	Persons	Males	Females	Persons
Respiratory Tuberculosis	2,027	586	2,613	89	24	56
Other Tuberculosis	168	181	349	7	7	7
Cancer of Lung and Bronchus	20,742	3,680	24,422	908	152	519
Other Cancer	34,438	43,520	77,958	1,508	1,799	1,658

COMMENTARY ON VITAL STATISTICS - HARPENDEN URBAN DISTRICT.

Births.

There were 342 live births in the area during 1963, giving a birth rate of 17.3 per thousand. This compares with 344 births in 1962, a birth rate of 18.1 per thousand.

There were 6 stillbirths in 1963, compared with 6 in 1962, a stillbirth rate of 17.2 in 1963, compared with 17.1 in 1962.

There were 5 infants who died under the age of 1 year giving an infant mortality rate of 14.6. This is the same number as in 1962 when the rate was 14.5. The deaths of these children is shown in Table 1.

Table 1.

Analysis of Infant Mortality.

Causes of Death.	Under 1 Week.	Under 2 Weeks	Under 3 Weeks	Under 4 Weeks	TOTAL Under 1 Month	Under 3 Months	Under 6 Months	Under 9 Months	Under 12 Months	TOTAL Under 1 Year.
Prematurity.	2	-	-	-	2	-	-	-	-	2
Congenital Malformation.	1	-	1	-	2	-	-	-	-	2
Birth Injury.	1	-	-	-	1	-	-	-	-	1
	4	-	1	-	5	-	-	-	-	5

Looking at this table it can be seen that 4 of the children died in their first week of life, giving an early neo-natal mortality rate 11.7 (8.7), 5 had died under the age of 1 month, giving a neo-natal mortality rate of 14.6 (8.7), and that after the age of 1 month, but before 1 year, no other children died, thus giving an infant mortality rate of 14.6 (14.5). The corresponding rates for 1962 are shown in brackets. There were 6 stillbirths and four children who died in the first week of life. These deaths combined give a peri-natal mortality rate of 28.7, compared with 25.7 last year. Overall, these figures for these vital statistics are very satisfactory when compared with the national figures. The slight differences from year to year are so small that they are most likely due to chance, and they are certainly not statistically significant.

Deaths.

There is nothing special about the individual causes of death, diseases of the heart and arteries and cancers are the two most common groups of diseases which caused death in Harpenden, as they do in the rest of England and Wales. The single disease causing the most deaths was Coronary Disease causing 25 deaths, 16 in men and 9 in women. An analysis of these deaths is shown in the Table 2 below.

Table 2.

<u>35-45</u>		<u>45-55</u>		<u>55-65</u>		<u>65-75</u>		<u>75 +</u>		<u>Total</u>	
M	F	M	F	M	F	M	F	M	F	M	F
-	-	1	-	8	2	4	-	3	7	16	9

The present stage of medical research would lead us to believe that this is one of the preventable diseases. This disease causes death more commonly and at an earlier age in men than in women; in those who are obese and over-eat; take insufficient exercise; smoke cigarettes and are subjected to mental stresses and strains:- than those who are thin, take a reasonable amount of exercise, are non-smokers, and who deal better with their mental stresses and strains.

Cancers.

45 people died of cancers, 22 men and 23 women. The ages of death for both men and women for the various sites of the cancers is shown in the Table 3 set out below:-

Site		35-45	45-55	55-65	65-75	75 +	Total
Stomach	Male	-	-	2	-	1	3
	Female	-	-	-	-	1	1
Lung	Male	-	1	2	2	1	6
	Female	-	-	1	-	1	2
Breast	Male	-	-	-	-	-	-
	Female	-	1	1	2	2	6
Uterus	Male	-	-	-	-	-	-
	Female	-	-	-	-	1	1
Bladder	Male	-	-	-	-	2	2
	Female	-	-	-	-	-	-
Rectum	Male	-	-	-	-	1	1
	Female	-	-	-	-	1	1
Oesophagus	Male	-	1	-	-	-	1
	Female	-	-	-	1	-	1
Colon	Male	-	-	-	1	1	2
	Female	-	-	1	-	1	2
Pancreas	Male	-	-	-	-	-	-
	Female	-	-	-	2	1	3
Larynx	Male	-	-	-	-	-	-
	Female	-	-	-	1	-	1
Liver	Male	-	-	-	-	-	-
	Female	1	-	-	-	-	1
Mediastinum	Male	-	-	-	-	-	-
	Female	1	-	-	-	-	1
Sarcoma	Male	1	-	-	-	-	1
	Female	(under 4 weeks)	-	-	1	-	1
Brain	Male	1 (5-15)	-	-	1	-	2
	Female	-	-	-	-	-	-
Skin	Male	1	-	-	-	-	1
	Female	1	-	-	-	-	1
Prostate	Male	-	-	-	1	-	1
	Female	-	-	-	-	-	-
Primary site unknown.	Male	-	1	-	-	1	2
	Female	-	-	-	-	1	1

Lung Cancer.

With 8 deaths, it is the most common cause of death from cancer.

Prevalence of and Control over Infectious Diseases.

	<u>No. of Cases.</u>
Scarlet Fever.	8
Measles.	354
Infective Hepatitis.	1
Pneumonia.	5
Whooping Cough.	23
Paralytic Poliomyelitis.	1

Measles.

There were 354 cases of measles in 1963 compared with 45 cases in 1962. Measles is a disease in which we get epidemics every other year and 1963 was an epidemic year.

There was also a small outbreak of whooping cough in the latter part of the year, mainly in non-immunised children.

Poliomyelitis.

There was one case of paralytic poliomyelitis notified on Friday, 25th November, 1963. This was in a general medical practitioner who was staying temporarily in this area. He had been infected (in another town), by one of his patients, who had recently flown back from the West Indies and had been found suffering from severe poliomyelitis. The medical practitioner was admitted to the Infectious Disease Hospital and his close contacts in Harpenden were vaccinated or re-vaccinated with Oral Poliomyelitis vaccine. The patient made a good recovery and there were no further cases in Harpenden.

Typhoid Fever.

There were 2 contacts of the typhoid fever outbreak at Zermatt who stayed for a few days in Harpenden as they were returning to their home in another county, from a holiday in Zermatt. They subsequently developed typhoid after they had reached home. Their contacts in Harpenden were placed under surveillance but no illness developed.

Food Poisoning, 1963.

Although there were no cases of food poisoning reported in the Urban District, there was an outbreak of food poisoning at Heathampstead on Sunday, 16th June, 1963, when 64 people were affected and the food in this case had been prepared by a Harpenden Caterer. This food poisoning was caused by stock which after preparation had been inadequately cooled and had allowed the growth of *Clostridium welchii*. The Council sent a warning letter to the caterer concerned drawing attention to Regulation 25 of the Food Hygiene Regulations, which states that, meat including game, or poultry, gravy etc., which has been cooked or partly cooked on any food premises shall, unless exposed for sale, either be kept at a temperature of not less than 145°F until it is served for immediate consumption, or if the temperature is brought or allowed to fall to less than 145°F, it must be cooled to a temperature below 50°F under hygienic conditions as quickly as is reasonably practicable and thereafter kept at such temperature until it is served or re-heated for serving.

Tuberculosis.

During 1963 the following new cases of tuberculosis were notified in the Urban District :-

<u>Age Group</u>	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Under 5 years.	-	-	-	-	-	-
5 - 14 years.	-	-	-	-	-	-
15-24 ..	-	-	-	-	-	-
25-44 ..	1	1	1	1	2	2
45-64 ..	-	-	-	-	-	-
65 years and over	-	-	-	-	-	-
<hr/>						
	1	1	1	1	2	2
<hr/>						

During the year there were 4 respiratory (Male) cases transferred in and 11 cases were removed from the register. The state of the tuberculosis register at the 31st December, 1963, was as follows :-

<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	
61	28	6	11	106

SECTION B.

GENERAL PROVISIONS OF THE HEALTH SERVICES OF THE AREA

Welfare Centres and Clinics:

The County Council Child Welfare Clinics are held at No. 40 Luton Road every Wednesday afternoon, the Doctors being in attendance on the first and third Wednesday afternoon of each month, and at Batford Junior School on the second and fourth Wednesday afternoons. An Infant Welfare Clinic is also held at the Methodist Church Hall, Southdown Road, on the 2nd and 4th Fridays of each month.

The Ophthalmic, Dental and Speech Therapy Clinics are at 40 Luton Road by appointment.

This arrangement is working very well. At Batford we are deeply indebted to the Headmaster, Mr. G. Rees, for his helpful co-operation.

Hospitals:

The Harpenden Memorial Hospital forms part of the Luton and Hitchin Group administered by the Management Committee under the North-West Metropolitan Regional Hospital Board. Four House Committees have been appointed by the Management Committee, one of which is concerned with this hospital, and for this purpose, the hospital is linked with Welwyn and Stevenage.

STATISTICS:

Year ended, 31st December, 1963.

Bed complement	Surgical and Medical	22	
	Maternity	<u>12</u>	
			34
Average daily number of occupied beds			20.83
Admissions			675
Discharges			624
Deaths			41
Number of Births	Live	297	
	Stillbirths	4	
	Deaths	2	
			303

Physiotherapy Dept:	<u>New Patients</u>	<u>Attendances</u>
In-patients	374	970
Out-patients	440	4,396
Casualty Department	835	913
Specialist Consultations	738	1,622
Out-patients treated by General Practitioners	185	339

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply:

The water supply for the whole area is supplied by a private undertaking, The Colne Valley Water Company, whose headquarters are at Watford but the local office and pumping stations have been retained under the control of an Area Engineer.

The supply of water, which has been satisfactory both in quality and quantity, is obtained from two boreholes, one in Shakespeare Road and one at East Hyde, which is just outside the District. The raw supply at both boreholes is chlorinated as a precautionary measure and very few complaints are now received as to taste or contamination.

Samples taken during the year were as follows:-

Bacteriological - main supply 41

Results in all cases were satisfactory. The degree of hardness is in the region of 25 and is such that no difficulties arise from plumbo-solvent action. Every house in the district is supplied with water from the main supply.

Sewerage:

The majority of properties in the district enjoy main drainage facilities and the sewage is treated at one main sewage works under the control of the Council's Surveyor.

In view of the rapid growth of the district in post war years, the sewage works has been extended from time to time in order to cope adequately with the increased load and the effluent, which is discharged into the River Lea, has continued to be found satisfactory. Now, however, it has become necessary to remodel the sewage works completely and Consultants are at present engaged in producing modifications and extensions to cater for the anticipated further growth of the district. It is to be hoped that the proposal to install a sludge pressing plant will overcome difficulties which have arisen from time to time with sludge treatment and disposal.

The total quantity of sewage treated at the Sewage Works was 294,542,000 gallons compared with 293,284,000 gallons in 1962, and 241,102,000 gallons five years ago.

There are 49 cesspools in use which serve scattered small groups or single properties and although it may be possible to connect some of these properties to main drainage in due course, the majority will remain out of reach of the public sewers for some time.

Common Lodging Houses:

There are no Common Lodging Houses within the District.

Public Swimming Bath:

In May, 1960, the first public swimming bath in the district was opened. It is sited in the open air in Rothamsted Park and consists of the main pool, which is 50' x 100', with a depth varying from 3' to 9' and a children's pool, 50' x 30', the depth of which is 1' to 2'.

The water from the pools, the total capacity of which is 210,000 gallons, is obtained from the main supply and is treated by pressure sand filters followed by break-point chlorination with the requisite chemical dosing to maintain pH at the correct level. The water is circulated through the pool and treatment plant whereby a complete turnover occurs every six hours whilst the pool is open and is continued through the night during the peak season. An electric indirect heating system maintains the temperature at about 68°F.

Twice daily tests to ascertain the pH, free, residual and combined chlorine were carried out at the pool and in addition 33 bacteriological samples were submitted to the Public Health Laboratory with satisfactory results in each case.

SECTION DHOUSING

Number of new houses and flats erected during the year:

(a)	By the Local Authority	..	..	22
(b)	By private enterprise	..	..	153
				<u>175</u>
				<u> </u>

1. Inspection of dwelling houses during the year:

(i)	a.	Total number of dwelling houses inspected for housing defects (under Public Health and Housing Acts)	..	..	83
	b.	Number of inspections made for the purpose	..	..	173
(ii)	a.	Number of dwelling houses (included under sub-head (i) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	..	..	-
	b.	Number of inspections made for the purpose	..	..	-
(iii)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	-
(iv)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.	..	..	69

2. Remedy of defects during the year without the service of Formal Notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers.	69
--	----	----	----

3. Action under Statutory Powers during this year:

A. Proceedings under Section 9, 10 and 12 of the Housing Act, 1957:

- (i) Number of dwelling houses in respect of which notices were served requiring repairs -
- (ii) Number of dwelling houses rendered fit after service of Formal Notices:
 - (a) By Owners -
 - (b) By Local Authority in default of Owners -

B. Proceedings under Public Health Acts:

- (i) Number of dwelling houses in respect of which informal notices were served requiring defects to be remedied 69
- (ii) Number of dwelling houses in which defects were remedied after service of Formal Notices:
 - (a) By Owners -
 - (b) By Local Authority in default of Owners -

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my eleventh report on the work of the Public Health and Housing Department for the year 1963.

The year started off with extremely severe weather conditions which seriously taxed our resources for dealing with the complete freezing up of premises. The aftermath was, of course, an uncountable number of burst pipes once the thaw set in and our experiences during this testing period showed quite clearly the lack of attention given to the protection of houses from the effects of sub-zero temperatures. The fault in many instances is due to faulty constructional methods, although many occupiers of premises could assist themselves considerably by taking suitable precautions at the right time.

During the summer months the picture changed completely, when complaints of flies, wasps and objectionable smells, all from numerous sources, were received and dealt with. I must also put on record the Council's action in proceeding with the acquisition of properties in the Heath Road area with a view to its ultimate clearance and redevelopment. This is an area which is "ripe" for replacing and it is to be hoped that a start will be made on rebuilding during 1964. The clearance of the temporary prefabricated bungalows proceeded during the year, these dwellings having more than satisfied the purpose for which they were intended.

The implications behind the words "public health" are wide and varied and likewise the Public Health Inspector has an extensive field to cover when dealing with problems and conditions which could affect the health of the public at large.

I should like to express my appreciation to the Chairman and members of the Public Health and Housing Committees for the keen interest taken in the work of the Department and for their friendly and close support at all times.

In addition I must thank the members of my staff for their assistance in preparing the statistical information for the report and for their help in running the Department, where the volume of work and number of enquiries continues to increase from year to year.

SUMMARY OF INSPECTIONS

General Sanitation:

Public Health Acts	- Primary inspections	191
	re-inspections	195
Moveable Dwellings	.. ..	13
Drainage	.. ..	83
Infectious Diseases	.. ..	15
Refuse Collection and Disposal	.. ..	2
Disinfestations	.. ..	5
Smell Nuisances	.. ..	35
Keeping of Animals	.. ..	27
Housing Acts	.. ..	34
Rent Acts	.. ..	13
Improvement Grants	.. ..	253
Rodent Control	.. ..	1,585 +
Factories Act	.. ..	74
Smoke Nuisances	.. ..	4
Petroleum Regulations	.. ..	37
Pet Animals Acts	.. ..	2
		<hr/>
		2,568
		<hr/>

+ Includes 1,571 visits made by the
Council's Rodent Operative.

Food Hygiene:

Cafes, Restaurants and Canteens	.. ..	40
General Stores and Grocers	.. ..	47
Licensed Premises	.. ..	4
Bakers and Confectioners	.. ..	10
Greengrocers	.. ..	11
Butchers	.. ..	18
Fish Shops	.. ..	3
Dairies	.. ..	8
Ice Cream Premises	.. ..	19
Visits re Sampling:	.. ..
Milk	.. ..	8
Ice Cream	.. ..	7
		<hr/>
		175
		<hr/>

GENERAL SANITATION

Complaints:

During the year, 289 complaints were received and dealt with; 163 of these were regarding infestations by rats and mice; 57 were regarding one or more wasps' or bees' nests.

Drainage and Cesspools:

83 visits were made for the purpose of testing and checking existing drainage systems including cesspools. The arrangements whereby the St. Albans Rural District Council empty cesspools in the area were continued and during the year 33 emptyings were carried out. Difficulties do from time to time arise by the failure of property owners to give adequate notice that a cesspool will require emptying but nevertheless the co-operation received from Mr. D.J. Graham, Chief Public Health Inspector to the St. Albans Rural District Council has done much to alleviate these difficulties. The Council bear the cost of one emptying of a cesspool each year for premises not within the reach of the Council's sewers.

Factories Act, 1961:

The following tables show the prescribed particulars on the Administration of the Factories Act:

Part 1 of the Act:

<u>Premises</u>	<u>Number</u> <u>on</u>	<u>Number</u> <u>Inspections</u>	<u>Number</u> <u>Written</u>	<u>of:</u> <u>Occupiers</u>
	<u>Register</u>		<u>Notices</u>	<u>prosecuted</u>
Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by the Local Authority:	2	4	Nil	Nil
Factories not included in above in which Section 7 is enforced by the Local Authority:	57	70	2	Nil
Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' Premises):	33	9	1	Nil
	92	83	3	Nil
	==	==	==	==

2. Cases in which defects were found:

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To Inspector	H.M. By Inspector	
Want of cleanliness (S.1.)	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2.)	Nil	Nil	Nil	Nil	Nil
Unreasonable Temperature (S.3.)	Nil	Nil	Nil	Nil	Nil
Inadequate Ventilation (S.4.)	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6.)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7.)					
(a) Insufficient	Nil	Nil	Nil	Nil	Nil
(b) Unsuitable or defective	3	3	Nil	1	Nil
(c) Not separate for sexes	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including offences relating to Outworkers).	Nil	Nil	Nil	Nil	Nil
Totals:	3	3	Nil	1	Nil

Part VIII of the Act:

Outwork - Section 133

<u>Nature of Work</u>	<u>No. of Outworkers in August list required by S.133 (1) (c).</u>	<u>No. of cases of default in sending lists to Council.</u>	<u>No. of prosecu- tions for failure to supply lists.</u>
<u>Wearing apparel.</u>			
Making etc. cleaning and washing.	16 +	Nil	Nil
All other types of outwork.	Nil	Nil	Nil
	—	—	—
	16	Nil	Nil
	—	—	—

+ Seven of these are employed by firms outside
the district.

Outwork - Section 134

<u>Nature of Work</u>	<u>No. of instances of work in unwholesome premises</u>	<u>Notices Served</u>	<u>Prosecutions</u>
<u>Wearing apparel.</u>			
Making etc. Cleaning and Washing.	Nil	Nil	Nil
All other types of outwork.	Nil	Nil	Nil
Totals:	Nil	Nil	Nil
	—	—	—

Moveable Dwellings:

There are two privately owned sites for caravans in the district, one site having 12 caravans and the other 10. Both sites are licensed under the Caravan Sites and Control of Development Act, and each has main water supply and flush toilets for both sexes, supplemented by chemical closet disposal units.

These sites are both in situations where they do not impair local amenities and they do help to satisfy a local demand for caravan sites.

Notices:

The following notices were served during the year. Compliance was effected without the need for instituting legal proceedings.

Informal Notices

Notices served during year	..	69
Complied with by owners		
during the year	.. ..	69

Formal Notices

Notices served during year	..	4
Complied with by owners		
during the year	.. ..	3

Rodent Control:

The extermination of rats and mice is carried out as a free service to the occupiers of private premises. A charge is made in respect of business premises at an hourly rate to cover the cost of labour, materials and administration.

163 complaints concerning infestations by rats and mice were received and dealt with and treatment was carried out at 231 properties. For this purpose 1,585 visits were made and 108 dead rats were found.

The Council employ one Rodent Operative (Mr. E.A.C. Faram), for this work.

Sewers:

A ten per cent test of sewer manholes was carried out during the year. 101 manholes were test baited and two were found to be infested. Although this shows evidence of some slight activity, the value of regular and systematic treatment is apparent. Further treatment of the infested area will be carried out early in 1964.

Council Properties:

Careful supervision of the Council's Depots and Stores was maintained during the year and any infestation of the sewage works or Refuse Tip was dealt with by the Manager and Rodent Operative. Improvements in the method of operating the refuse tip have assisted considerably in checking rodent infestations.

Wasps' Nests:

57 Complaints were received of wasps' nests and 62 nests were treated.

CONTROL OF FOOD AND FOOD PREMISES

Meat Supply and Slaughtering Facilities:

No slaughterhouses have been used in the district since the war but adequate slaughtering facilities have been available in surrounding districts. The demand from local butchers for such facilities is, however, very limited indeed and most retailers seem now to rely on supplies of carcase meat from wholesale meat markets. A careful check has been kept on the vehicles used for transporting meat together with the protective clothing worn by the meat handlers.

Arrangements are still in force whereby assistance in meat inspection duties would be given to the St. Albans Rural District Council should the necessity arise at any time. The following meat and meat products were condemned during the year:-

Pork	70 lb.
Tinned Meat and Meat Products.	47 lb.
Frozen Meat and Meat Products.	10 lb.
Meat Cubes.	140 lb.

Food Inspections:

The following foodstuffs were condemned as being unfit for human consumption, and disposal by incineration or burying on the refuse tip was arranged in every case.

Flour, Cereals, Biscuits, etc.	2,389 lb.
Nuts.	51 lb.
Sugar and Sweets.	309 lb.
Coffee.	203 lb.
Salt.	48 lb.
Cheese.	212 lb.
Fats.	484 lb.
Dried Fruit.	244 lb.
Tinned Fruit.	10,918 lb.
Tinned Vegetables, Soup and Fish.	112 lb.
Frozen Vegetables, Fish, etc.	90 lb.

The increase in the quantity of food condemned is largely due to two factors. The wholesale food distributing depot established in the district a few years ago considerably increased its turnover (with a subsequent increase in the number of damaged tins received). Later in the year, however, the firm moved to larger premises outside the district. In addition, a grocers shop cellar was flooded during a freak storm and all foodstuff not packed in water tight containers, together with the contents of a frozen food cabinet which had its supply of electricity cut off by the flood water had to be condemned.

Food Premises:

There are 150 food premises in the area which are made up as follows:-

General Stores and Grocers	31
Cafes, Restaurants and Canteens	37
Bakers and Confectioners	21
Greengrocers	10
Butchers	14
Licensed Premises	24
Chemists	6
Fish Shops	4

15 premises are registered for the manufacture and sale of sausages, preserved food, etc.

Routine inspection of food premises was carried out during the year with particular attention being paid to the requirements of the Food Hygiene Regulations.

Food Complaints:

Various types of complaint regarding food sold from shops in the district during the year were received. Each case was fully investigated and where appropriate, written warnings were issued.

The number of food complaints continues to increase from year to year but I feel this is due to higher standards rightly demanded by the public rather than any increase in the actual number of faulty or unsound products sold. In dealing with these complaints, however, one has to appreciate the difficulties of manufacturing and distributing large quantities of food-stuff and it is essential to maintain a fair balance between the interests of the consumer and the trader.

Ice Cream:

There are in the district 56 premises registered for the sale and storage of ice-cream under Section 16 of the Food and Drugs Act, 1955, and in each case the ice-cream is obtained from one of the well known large manufacturers. Practically all the ice-cream sold from these premises is pre-packed. No premises are registered for the manufacture of ice-cream.

The trend towards the sale of "soft" ice-cream continues. This product is normally prepared by reconstituting with water a dried, pasteurised powder in a special dispenser. This operation is extensively carried out on mobile vehicles and the demand for the product appears to be still increasing. Previously most of the ice-cream sold from such vehicles was pre-packed in registered premises where high standards of hygiene could be adequately assured. With "soft" ice-cream so much depends on the actual operator on the vehicle and the storage facilities for the raw materials.

Effective control of mobile vehicles continues to be exceedingly difficult since they mainly operate at weekends and holidays and are all based at premises outside the Urban District.

37 visits were made to premises registered for the storage and sale of ice-cream and 7 samples of ice-cream were submitted to the Public Health Laboratory at Luton for examination, the results being set out below:-

<u>Type of Sample</u>	<u>Grade</u>				<u>Total</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
Ice-cream (loose)	2	-	-	-	2
"Soft" Ice-cream	4	-	-	1	5
	-	-	-	-	-
	6	-	-	1	7
	=	=	=	=	=

Milk and Dairies:

There are in the district 19 registered distributors of milk and three registered dairies, although no milk is actually processed or bottled in Harpenden. Milk is supplied from three large plants in adjoining areas and only heat treated milk is now sold within the district.

Although the Council are no longer responsible for issuing licences authorising the use of special designations, it was felt that some check samples should be taken to ensure that milk sold within the district complied with the required standards and that no deterioration had taken place during storage or distribution to the consumer.

Details of milk samples are given below:-

<u>Type of Milk</u>	<u>Number examined</u>	<u>Satis- factory</u>	<u>Unsatis- factory</u>
Sterilised	1	1	-
Pasteurised	4	4	-
T.T. (Pasteurised)	3	3	-

Housing Act, 1957:

During the year one tenant from a condemned property was rehoused in a modern flat. Since the programme for dealing with sub-standard property was commenced in 1955, thirty-eight houses have actually been demolished and during 1964 the programme should be practically completed when demolition is commenced in the Heath Road area. This will remove a badly planned area and redevelopment proposals have now been agreed.

Rent Act, 1957:

One application for a Certificate of Disrepair was received during the year, and a Certificate issued for some of the defects.

Since the Act came into force, only 27 tenants of rent controlled property have applied for certificates of disrepair and it would appear that landlords, with the benefit of increased rents, have been able to carry out essential repairs, with the result that tenants generally have not needed to seek the assistance of the local authority.

It is known that many protected tenants have been able to purchase their properties as sitting tenants and in time, with present day trends, the number of rented houses in the district is rapidly diminishing, apart from those owned by the Local Authority.

Improvement Grant Survey:

The systematic survey of pre-war houses in the district to ascertain the extent to which those houses were lacking in the five basic amenities for which standard improvement grants are available was continued. Attention was directed particularly to houses which were structurally sound but which were thought to require modernisation.

The five basic amenities for which grants are available are:-

1. A fixed bath or shower in a bathroom.
2. A wash-hand basin.
3. A water closet within the building.
4. A hot water supply to the bath, basin and sink.
5. A ventilated food store.

The following table summarises the results of the survey:-

	<u>Owner/Occupied</u>	<u>Tenanted</u>
	<u>Houses</u>	<u>Houses</u>
Grant already paid.	34	11
No grant paid but all amenities.	49	18
One or more basic amenities.	36	55
No basic amenities.	16	34
	<hr/>	<hr/>
	135	118
	<hr/>	<hr/>

Of the 253 houses so far surveyed 112 - that is 44% - had all five basic amenities and this would seem to be a fair average for the type of properties surveyed. It is interesting to record, however, that of the properties with all five amenities 74% were owner occupied.

Booklets and letters pointing out the advantages of the grants to both owner/occupiers and owners of tenanted properties were sent in all cases where houses were lacking in one or more basic amenities. Even this direct approach did not achieve the results which were desired more particularly where occupiers of houses are elderly. There is little difficulty, however, in securing the improvement of any property which becomes vacant.

HOUSING MANAGEMENT.

During 1963 a further 16 flats and 6 new houses were completed.

The total number of housing units owned by the Council is as follows :-

Houses	675
Flats	183
Old Peoples Dwellings	53
Prefabricated Bungalows	19
	<hr/>
	930
	<hr/>

During the year 6 of the temporary prefabricated bungalows were demolished and the erection of permanent flats was commenced on the same site. None of these, however, was completed before the end of the year.

The policy of purchasing property in the Heath Road area was continued during the year and plans for redeveloping the area are nearing completion.

A further 12 duplex flats were converted into 6 houses during the year and this problem is now well on the way to being resolved.

The following visits and inspections were made in the performance of duties connected with housing management :-

To Applicants	74
Maintenance	2,421
Administration	95
Tenancies	72

Summary of Housing Applicants.

<u>Applicants.</u>	<u>Active List.</u>	<u>Deferred List.</u>	<u>Total.</u>
Married couples with children.	72	40	112
Married couples and Engaged couples.	48	22	70
Single Persons.	19	6	25
Old Persons.	95	-	95
	<u>234</u>	<u>68</u>	<u>302</u>

The total number of applicants for housing accommodation continues to exceed 300, as it has done for several years. With the ever increasing cost of land and houses in the area many people are still forced to turn to the Council for housing accommodation since house purchase is beyond their means and the amount of privately owned accommodation which becomes available for letting at reasonable rentals is very limited indeed.

The system of allocating Council flats and houses solely on account of an applicants "need" of accommodation continues to operate successfully and appears to be working fairly. During the year, in addition to the 22 new dwellings completed a further 15 houses and 12 flats became vacant and as a result of these 27 "casual vacancies" 36 new tenancies were arranged by moving applicants and existing tenants to accommodation suitable for their particular needs.

The scheme whereby certain post-war Council houses were offered for sale was discontinued during the year because of the excessive cost of replacing such houses.

PETROLEUM REGULATIONS

The provisions of the Petroleum Acts and Regulations are administered by the Department. 26 occupiers of filling stations, repair garages and other premises are licensed to store petroleum spirit and 37 visits were made to such premises during the year.

I am,

Your obedient Servant,

J. SNOWDON,

Senior Public Health

Inspector.

DIVISIONAL HEALTH SERVICE

The St. Albans Health Division of the County Council consists of St. Albans City, St. Albans Rural District, Harpenden Urban District and Elstree Rural District, and in the following Report, all the figures and information relate to the Division as a whole.

STAFF

Dr. G. Cust, M.B., Ch.B., D.P.H.	Divisional Medical Officer
Dr. P. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.	Assistant County Medical Officer
Dr. J. Beard, B.Sc., M.B., Ch.B.	" " " "
	(resigned October 1963)
Dr. D.J. Marsden, M.B., Ch.B., D.P.H.	" " " "
	(Part time - appointed 30.9.63)
Dr. E.G. Davie, L.R.C.P., L.R.C.S., L.R.F.P. & S. (Edin. & Glas.), C.P.H.	" " " "
	(Part time - appointed 21.1.63)
	(Full time - appointed 2.9.63)
Dr. A. Stevenson, M.R.C.S., L.R.C.P., D.P.H.	" " " "
Dr. A. Wright, M.B., Ch.B.	" " " "
Mrs. E.M. Jeffries, S.R.N., S.C.M., Q.N.S., H.V., T.A.	Divisional Nursing Officer
	(resigned 31.3.63)
Miss B.C. Thornton, S.R.N., S.C.M., Q.N.S., H.V.	Divisional Nursing Officer
	(appointed 24.4.63)
Miss A.T. Roberts, S.R.N., S.C.M., Q.N.S., H.V.	Assistant Divisional Nursing Officer
	(appointed 16.9.63)

Clerical Staff

Mr. R.E. Jewell	Chief Clerk
Miss D. Windmill	Shorthand Typist
Mrs. J. Gilmore	Senior Clerk
Mrs. J. Callen	Clerk
Mrs. J. Woodsmith	"
Miss R.E. Wren	" (appointed 16.4.63)
Mrs. S. Power	" (Part time)
Mrs. D. Hill	" (app. 21.1.63 res. 22.11.63)
Miss G. Andrews	"
Mrs. R.M. Grant	" (appointed 16.4.63)
Mrs. P. Bennett	" (appointed 16.12.63)
Mrs. D. Bishop	" (Part time)
Mrs. J. Alflatt	" (appointed 1.5.63)

Health Visitors - S.R.N., S.C.M., H.V.

Miss H. Williams (resigned 25.12.62))	
Miss A. Lewis)	
Miss J. Bushby)	
Miss R. Joyce)	
Mrs. M. Bruce (transferred to Watford 16.12.63)	)	Boreham Wood
Miss M. Winch (resigned 12.10.62))	
Miss B. Buchanan (transferred from Barnet 30.9.63))	
Miss B. Lord (commenced 8.10.63))	
Miss I.P. Burt)	
Miss M. Jenkinson)	
Mrs. C. Appleton (transferred to Barnet 31.8.62)	)	Harpenden
Miss W.J. Lewis (commenced 1.5.63))	
Miss J. Abbott (commenced 30.9.63))	
Mrs. E. Barasi (commenced 28.10.63))	
Miss R. Cooper)	
Miss G. Helyar)	
Miss C. Sachs)	
Miss J. Sharpe)	
Mrs. M. Tattersall	)	St. Albans
Miss S. Woodall)	
Miss O. Barrand)	
Mrs. E. Hanson (resigned 30.8.63))	
Miss B. Reed)	
Miss I. Conduit)	

District Nurses/Midwives/Health Visitors

Miss M. Riches	S.R.N.,	S.C.M.,	Q.N.S.,	H.V.
Miss S. Smith	"	"	"	"
Miss V. Greenham	"	"	"	"
Mrs. S. Trudgett	"	"	"	"

District Nurses/Midwives

Mrs. E. Chavannes	S.R.N.,	S.C.M.,	Q.N.S.,	H.V.
Miss M. Gilbert	"	"	"	
Miss R. Allen (resigned July 1963)	"	"	"	
Miss M. Potter (transferred to Welwyn October 1963)	"	"	"	"
Miss F. Davis (transferred January 1963)	"	"	"	
Miss E. Holt	"	"	"	

Miss E. Joyce (transferred to Watford September 1962)	S.R.N., S.C.M.		
Mrs. M. Gunn (appointed September 1963)	"	"	
Miss M. Smith (commenced July 1963)	"	"	Q.N.S.

District Nurses

Miss W. York	"	"	"
Miss R. Mays	"	"	"
Mrs. A. King (transferred to Welwyn May 1963)	"	"	"
Miss B. Rushton	"	"	"
Mrs. M. Clue	"		
Mrs. B. Bateman	"		
Miss L. Lander	"	"	"
Mrs. D. Hardy (transferred to Welwyn July 1963)	"		
Mrs. I. Wakely	"		
Mrs. K. Woodward	"		
Mrs. M. Cooper	S.R.M.N.		
Mrs. K. Healey (commenced May 1963)	S.R.N.		"
Mrs. E. Burrard-Lucas (commenced December 1963)	"	"	

Part Time District Nurses

Mrs. S. Peckett
 Mrs. J. Rogers
 Mrs. M. Hazelwood
 Mrs. D. Hardy
 Mrs. M. Pinney
 Mrs. I. Andrews

Clinic Staff

Mrs. J. Hooper
 Mrs. V. Rogers
 Mrs. M. Nicholls
 Miss A. Thomson
 Mrs. I. Jackson

Night Nurse

Miss J.D. Hodgett, S.E.A.N.

Midwives

Mrs. A. Pollard (commenced November 1962)	)		S.R.N., S.C.M.	
Mrs. V. Powley (commenced August 1962))		"	"
Mrs. D. Hutton (transferred from Stevenage August 1963))			"
Mrs. M. Evans (commenced November 1963)	)	St. Albans	"	"
Miss M. Green)		"	"
Miss P. Skinner (resigned 31.5.62))		"	"
Miss E. Clarke (resigned 14.8.62)	)		S.E.A.N.	"
Mrs. V. Woodward (resigned 6.7.63))		"	"
Mrs. P. Love (commenced October 1963)	)		S.R.N.,	"
Mrs. B. Quick (resigned October 1963))		"	"
Mrs. F. Lindon (resigned July 1963)	)	Boreham	"	"
Miss J. Martin	)	Wood	"	"
Mrs. R. Waslin)		"	"
Mrs. M. Dominy	)	Harpenden		"

Home Help Service

Mrs. P.D. Taylor	Home Help Organizer
Mrs. J. Bowyer	" " "
Mrs. J. Darbyshire	" " "
Mrs. C.E. Moore	Assistant Home Help Organizer (resigned July 1963)
Mrs. P. Askham	Clerk (resigned 31.12.63)
Mrs. A.P. Dickens	Assistant Home Help Organizer (appointed 29.7.63)

Population

The population of the St. Albans Health Division is 140,140; this is the estimated mid 1963 population figure as supplied by the Registrar General. The St. Albans Division is the third largest of the seven health divisions of Hertfordshire and the following population figures will give an indication of the growth of the Division since it was set up some 15 years ago.

YEAR	POPULATION OF LOCAL AUTHORITIES WITHIN DIVISION				ST. ALBANS HEALTH DIVISION	HERTFORDSHIRE
	ST. ALBANS CITY	ST. ALBANS RURAL	HARPENDEN URBAN	ELSTREE RURAL		
1949	42130	27340	14550	13660	97680	596010
1950	44200	26830	14750	14000	99780	606640
1951	44240	28490	14500	14960	102190	618700
1952	44700	29010	14650	16700	105060	633700
1953	45060	28980	14710	20260	109010	651500
1954	45430	29150	15040	22080	111700	671700
1955	45310	30200	15200	23580	114290	692000
1956	46660	31540	15640	25650	119490	715000
1957	47290	33060	16020	26640	123010	739800
1958	47880	34480	16500	27470	126330	761200
1959	48630	35930	17100	28520	130180	784000
1960	49180	37090	17360	29260	132890	806040
1961	50080	38300	18380	29120	135880	836960
1962	50450	39210	18960	29490	138110	857200
1963	50500	40180	19800	29660	140140	873870
Increase Percent.	19.9%	47.0%	36.1%	117.1%	43.5%	46.6%

It will be noted that the increase in the Divisional population of 43.5% is in line with the increase for the County as a whole which is 46.6%. The largest increase within the Division has taken place in Elstree Rural District and was due to the setting up of the new community of Boreham Wood.

NURSING SECTION

Mrs. E.M. Jeffries was appointed to an administrative post in Malta in the early spring. Her successor to the Divisional Nursing Officer's post was Miss B.C. Thornton who was the Assistant Divisional Nursing Officer from November 1961. In September 1963, Miss A.T. Roberts arrived in the Division as Assistant Divisional Nursing Officer. Her previous post was District Nurse/Midwife/Health Visitor at Fairford in Gloucestershire.

District Nurses

One nurse attended a refresher course in Leicester.
Two nurses attended a Mental Health Course at Napsbury.
Red Cross Home Nursing Lectures were given by a district nurse/
midwife/health visitor.

A number of student nurses from the City Hospital have been received by members of the staff and given experience of district nursing in urban and rural districts.

Midwives

A new system for the collection of Nitrous Oxide Cylinders and the maintenance of the Gas and Air Machines was devised. The central depot for Boreham Wood is at the Elstree Way Health Centre. Here empty cylinders are taken and exchanged for full ones. The maintenance engineer calls at regular intervals for the servicing of machines which are brought to the depot. This arrangement is working satisfactorily, and obviates the unsuccessful visits made to midwives' houses when they are on their rounds. For the central area the depot is at Wellington Court where a similar system operates.

Two new Relaxation Classes for Expectant Mothers commenced in Cunningham Hill and Skyswood Health Centres. The film "To Janet a Son" is included in the programme and is proving very popular.

One pupil midwife completed her training in the Division at the end of November and has returned to Ghana.

Health Visitors

Following a talk by the Paediatrician from St. Albans City Hospital, a Clinic Rota was formed which is proving of great value to all sections of the health team. Often the Health Visitor can submit report on the home circumstances of many of the children.

The Ascertainment of Deafness Course was attended in Leicester by four Health Visitors of the Division.

The Mental Health Course held at Napsbury was attended by two Health Visitors.

The Night Nursing Service is proving of great value - not only to the patients but also to the relatives who are relieved to have an occasional unbroken night's rest while the night nurse keeps vigil. More General Practitioners are availing themselves of this service for their patients and there have been many letters of appreciation.

ANNUAL STATISTICS

Midwifery

The following table shows the number of births which took place in the Division during 1963. The total number of 2113 includes 29 stillbirths, four of which were delivered at home. The total of 853 domiciliary births represents some 40% of the total number of births occurring in the Division.

513 babies were born outside this Division to mothers who are normally resident in the Division and 115 babies were born in the Division but whose parents normally reside outside the Division. The corrected total number of births therefore, after adjustments for inward and outward transfers is 2,511.

Table (a)

QUARTER	DOMICILIARY		HOSPITAL		NURSING HOME	
	LIVE BIRTH	S/BIRTH	LIVE BIRTH	S/BIRTH	LIVE BIRTH	S/BIRTH
MARCH 1963	239	-	303	9	11	-
JUNE 1963	212	-	326	4	4	-
SEPT. 1963	210	4	310	6	8	-
DEC. 1963	188	-	267	6	6	-
TOTAL	849	4	1206	25	29	-
INWARD TRANSFERS	3	-	448	11	51	-
CUTWARD TRANSFERS	2	-	109	2	2	-

Table (b) below shows the number of expectant mothers who were given Gas and Air Analgesia during the year.

QUARTER	DOMICILIARY		HOSPITAL		NURSING HOME	
	GAS/AIR	TRILENE	GAS/AIR	TRILENE	GAS/AIR	TRILENE
MARCH 1963	201	5	75	189	11	-
JUNE 1963	186	1	72	211	3	-
SEPT. 1963	177	13	63	200	6	-
DEC. 1963	132	17	55	159	6	-
TOTAL	696	36	265	759	26	-

The distribution of confinements throughout the Division during the year was as follows, and of the 851 confinements, the family doctor was present at 163.

Table (c)

DISTRICT	TOTAL CONFINEMENTS	DOCTOR PRESENT
Boreham Wood	164	21
Bricket Wood	20	5
Colney Heath	15	4
Harpenden	84	6
London Colney	45	6
Redbourn	36	14
Sandridge	13	4
St. Albans	397	84
Shenley	25	1
Wheathampstead	25	14
Park Street	27	4
TOTAL	851	163

The domiciliary midwives paid a total of 12,015 visits to mothers after delivery, giving an average of 14 visits per patient.

Other statistics relating to the Midwifery Services in the Division during the year are as follows:-

Number of 1st visits to Expectant Mothers	859
Number of revisits " " "	6232
Antenatal Sessions	395
Antenatal Instruction Classes	93
Early discharges from hospital	164 (within 48 hours)
	595 (after 48 hours)

Health Visiting

During 1963 the following summary of work was carried out by the Health Visitors in the Division.

Visits to Children

	<u>1st Visit</u>	<u>Revisits</u>
Children born in 1963	2607	9008
" " " 1962	3617	5794
" " " 1958/61	8702	8759
	<u>14926</u>	<u>23561</u>

Visits to Aged Persons

	<u>1st Visits</u>	<u>Revisits</u>
	288	723
Number of Phenylketonuria Tests		2458
Number of Child Welfare Centres		1271
Number of Medical Inspection Sessions		608
Number of Pre medical Inspections		345
Number of Personal Hygiene Inspections		150
Number of B.C.G. Vaccination Sessions		17
Number of Vaccination and Immunisation Sessions		234
Number of Poliomyelitis Vaccination Sessions		76
Number of Hearing Tests		267

Home Nursing

During 1963 the general nurses carried out the following work.

	<u>1st Visit</u>	<u>Revisits</u>
Medical Cases	1540	46476
Surgical Cases	316	10815
Tuberculosis Cases	14	491
Other Cases	83	-
	<u>1953</u>	<u>57782</u>

Of the 1953 cases visited, 1293 were aged 65 years and over and 38 were under the age of 5 years.

PREMATURE BIRTHS (i.e. live births and still births of 5½lbs. or less at birth)

1. No. of premature live births notified (as adjusted by transferred notifications)

(a) in hospital..... 107

(b) at home and in private nursing homes.. 15

2. No. of premature stillbirths notified (as adjusted by transferred notifications)

(a) in hospital..... 20

(b) at home and in private nursing homes.. 3

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at Birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or				in a nursing home					
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died				Born
within 24hrs. of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hrs. or birth		in 1 and under 7 days	in 7 and under 28 days			
2lb 3oz or less	6	3	1	-	-	-	-	-	-	-	-	-	6	-
Over 2lb 3oz up to and incl. 3lb 4oz	8	1	2	-	-	-	-	-	1	1	-	-	5	-
Over 3lb 4oz up to and incl. 4lb 6oz	17	2	-	-	-	-	-	-	1	-	-	-	4	1
Over 4lb 6oz up to and incl. 4lb 15oz	25	-	-	-	-	-	-	-	2	-	-	-	3	-
Over 4lb 15oz up to and incl. 5lb 8oz	51	2	-	1	10	-	-	-	1	-	-	-	2	2
Total	107	8	3	1	10	-	-	-	5	1	-	-	20	3

Stillbirth Analysis

Hospitals		Home	
34		4	
Male	Female	Male	Female
20	14	2	2
Primips	11	Primips	1
Multips	23	Multips	3
Under 5 $\frac{1}{2}$ lbs.	21	Under 5 $\frac{1}{2}$ lbs.	2
Over 5 $\frac{1}{2}$ lbs.	13	Over 5 $\frac{1}{2}$ lbs.	2

Infant Deaths

Total Number of Deaths - 45

Males 26
Females 19

<u>Died</u>	<u>Males</u>	<u>Females</u>
Under 24 hours	5	7
" 48 hours	2	-
" 28 days	9	1
" 1 year	6	7
" 5 years	4	4
26		19

An "At Risk" register was started in 1963 of those babies who needed special follow up with regard to their general development or specific handicap. Of the 420 "at risk" babies born in the Division 42 had congenital malformations.

CONGENITAL ABNORMALITIES 1963 (of children born in 1963)

Congenital Abnormality	St. Albans City		St. Albans R.D.		Harpenden U.D.		Elstree R.D.		St. Albans Health Division	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 Central Nervous System	2(1)	1(1)				1			2	2
1 Eye & Ear					1(1)				1	-
2 Alimentary System	3		2	1	2	1			7	2
3 Heart and Great Vessels	1	1(1)	1	3(2)		1			2	5
4 Respiratory System					1				1	-
5 Uro-Genital System							1		1	-
6 Limbs	1			2	2	1		1	3	4
7 Other Skeletal		2					1		1	2
8 Other Systems (Muscles)										
	2		1						3	-
9 Other Malformations (Incl. Mongolism)	3	1		1		1			3	3
Totals	12	5	4	7	6	5	2	1	24	18
% of total live births	1.8		1.5		3.2		0.7		1.7	

Figures in brackets indicate number of children who have since died.

INFANT WELFARE CENTRES

There are 21 Infant Welfare Centres held in the Division, the frequency varying from twice weekly to once fortnightly. Of the 21 centres, 11 are purpose built, and the remainder are held in local village or church halls.

During 1963, there were 33,281 attendances of children at these centres, 22,853 were under 1 year of age, 5,817 were aged between 1 and 2 years and 4,611 were between the ages of 2 and 5 years.

The following table shows the total and average attendances at each centre and the average number of children seen by the Doctor at each centre.

Centre	Total attended	H.V. Session	Dr. Session	Children seen by Dr.	Average Attendances	Average No. seen by Dr.
Elstree Way	2292	-	51	583	45	11.4
Greenacres	1398	30	22	210	27	9.5
Saffron Green	1966	29	24	259	37	10.8
Batford	927	-	23	216	40	9.4
40 Luton Road	3887	27	24	387	76	16.1
Southdown	1163	-	22	257	53	11.7
Cunningham Hill	2112	-	49	568	43	11.6
*Mandeville	897	1	23	368	37	16.0
*Margaret Wix	1402	27	24	401	27.5	17.0
*Park Street	1879	26	23	524	38	23.0
Skyswood	3880	1	94	1116	41	12.0
Wellington Court	1985	2	47	556	40.5	11.8
Wellington Court	1115	53	-	-	21	-
*Bricket Wood	893	-	24	256	37	10.7
*Colney Heath	975	-	24	352	41	14.7
London Colney	2751	28	23	268	54	11.7
*Redbourn	799	24	-	-	33	-
Sandridge	480	24	-	-	20	-
*Shenley	762	-	24	301	31.75	12.5
*Wheathampstead	1222	-	22	293	55.5	13.2
*Watford Road	496	-	24	304	20.7	12.7

*These clinics also carry out immunisations in addition to the usual infant welfare work at each session. The other clinics have separate sessions for immunisation and attendances related to these are not given.

VACCINATION AGAINST SMALLPOX

694 primary vaccinations were given during 1963 and of these 323 were given at Local Health Authority Clinics.

141 Revaccinations were also given and almost all were given by general practitioners.

I am now in a position to give an indication of the approximate percentage of children under the age of five years who have received smallpox vaccinations and this is shown in the following Table:

YEAR OF BIRTH	YEAR COMPLETED AND PERCENTAGE OF BIRTHS					
	1959	1960	1961	1962	1963	TOTAL
1959	962 41½%	596 25½%	54 2%	175 7½%	14 ½%	1801
1960	/// ///	892 36%	645 26%	253 10%	18 ½%	1808
1961	/// ///	/// ///	873 38½%	836 37%	34 2%	1743
1962	/// ///	/// ///	/// ///	557 22½%	470 19%	1027
1963	/// ///	/// ///	/// ///	/// ///	42 1½%	42

The annual figure for 1963 shows a very large decrease on the previous year and the reasons for this are twofold. Firstly, as you will remember there were several cases of smallpox notified early in 1962 and this created a greater demand for vaccination and secondly during 1963 we felt the effects of the Ministry of Health's advice that primary vaccination against smallpox should be carried out between the ages of one and two years and not, as we had been doing previously, in the first year of the child's life.

The Table shows that up to the end of 1963, approximately 77% of children born in 1959 had received vaccination against smallpox, 72½% of those born in 1960, and 77½% of those born in 1961.

There is an appreciable drop in the percentage of children born in 1962 who have been vaccinated (41½%), particularly in view of the "smallpox scare" at the beginning of 1962 and one would have thought that by the end of 1963 most of this age group would have been vaccinated. However, as the first quarter of 1964 shows a further 6½% of this age group being vaccinated we may find that the vaccination of this group is not so concentrated as the previous groups.

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH/TETANUS

During 1963, 2,260 children received primary immunisations against Diphtheria/Whooping Cough/Tetanus.

An analysis of the immunisations which were completed in 1963, of children under the age of five shows that:

746 born in 1963 and immunised in 1963 represented 30% of the births for the year.									
1015	"	"	1962	"	"	"	"	41%	"
107	"	"	1961	"	"	"	"	4 $\frac{1}{2}$ %	"
26	"	"	1960	"	"	"	"	1%	"
25	"	"	1959	"	"	"	"	1%	"

The Table showing the number and percentage of children by age groups who have been immunised since 1959 is appended below.

YEAR OF BIRTH	DIPHTHERIA IMMUNISATION									
	YEAR COMPLETED AND PERCENTAGE OF BIRTHS									
	1959		1960		1961		1962		1963	
1959	882	38%	1008	43 $\frac{1}{2}$ %	209	9%	82	3 $\frac{1}{2}$ %	25	1%
1960	///	///	870	35%	1174	47 $\frac{1}{2}$ %	237	9 $\frac{1}{2}$ %	26	1%
1961	///	///	///	///	640	28%	1133	50%	107	4 $\frac{1}{2}$ %
1962	///	///	///	///	///	///	718	29%	1015	41%
1963	///	///	///	///	///	///	///	///	746	30%

With regard to the boosting doses given at school entry where children have not been previously immunised against tetanus and parents now wish this in addition to the Diphtheria booster, there has been a slight amendment to the procedure which I gave in my last year's report.

Where tetanus toxoid is to be given as a primary course along with the booster dose of the diphtheria antigen, an injection of the tetanus toxoid alone should be given first and then at least four weeks later the second dose combined with the diphtheria toxoid. The third dose of tetanus toxoid should follow six months or more afterwards.

POLIOMYELITIS VACCINATION

Vaccination against poliomyelitis continued as a routine vaccination during 1963 at almost every Infant Welfare Centre in the Division, where primary vaccinations were given to babies at 7 to 10 months of age.

In May 1963, the Ministry of Health, after a review of the poliomyelitis vaccination arrangements in the light of a year's experience in the use of oral vaccine in this country, recommended that all immunised children entering school at five years should be offered a reinforcing dose of vaccine. This is now being offered at all the primary schools in the Division at the time of the child's entrant examination. Here again, I would like to express my thanks to the Head Teachers of the primary schools for their co-operation in this very important aspect of preventive medicine. Very few injections of Salk vaccine are now being given and we have also been able to clear most of the third doses that were due to patients having had two Salk injections previously.

I append below some statistics relating to poliomyelitis vaccinations which were carried out in the Division during 1963.

YEAR OF BIRTH	PRIMARY VACCINATIONS				
	MARCH QUARTER 1963	JUNE QUARTER 1963	SEPTEMBER QUARTER 1963	DECEMBER QUARTER 1963	TOTAL FOR YEAR
1963	///	///	25	225	250
1962	246	396	515	299	1456
1961	98	79	76	50	303
1943-1960	456	113	119	88	776
1933-1942	66	37	42	36	181
Others	85	71	62	31	249
TOTAL	951	696	839	729	3215

In addition to the 3215 primary vaccinations completed, 844 third doses and 3148 fourth doses were given.

The state of vaccination of children born in 1961, 1962 and 1963 is as follows.

Children born in 1961

316	vaccinated in 1961	representing 13.9%
1175	" " 1962	" 52.0%
303	" " 1963	" 13.4%

It is estimated therefore that approximately 79% of children born in 1961 have been vaccinated against poliomyelitis.

Children born in 1962

138	vaccinated in 1962	representing 5.6%
1456	" " 1963	" 59.3%

Thus approximately 65% of children in this age group have been vaccinated against poliomyelitis.

Children born in 1963

250 vaccinated in 1963 representing 10%

It should be borne in mind that the majority of these children will receive vaccination against poliomyelitis during 1964.

WELFARE FOODS DISTRIBUTION

The National Welfare Foods which are National Dried Milk, Cod Liver Oil, Orange Juice and Vitamin A & D tablets are sold at some 21 centres in the Division. These foods are sold to beneficiaries who, in the case of National Dried Milk, are required to produce tokens. The remaining foods are sold without tokens being produced unless in some special circumstances the beneficiaries are issued with "free" tokens from the National Assistance Board.

During 1963 the sale of the foods was as follows:

National Dried Milk	8,992 tins	to the value of	£1,180 18s. Od.
Cod Liver Oil	2,706 bottles	" " "	£ 135 6s. Od.
Orange Juice	44,629 bottles	" " "	£3,347 3s. 6d.
A & D Tablets	3,825 packets	" " "	£ 95 12s. 6d.

Of the 21 centres, three are retail shops, four are welfare centre premises manned by paid personnel and the remainder are distribution centres staffed entirely by voluntary workers. I am very grateful to these voluntary ladies who have carried out this work so conscientiously during 1963.

CHIROPODY

The present scheme operating in the County provides for all aged persons (females aged sixty years and over, males aged sixty five years and over) for expectant mothers and for physically handicapped persons. In this Division treatment is provided by private chiropodists at a cost to the authority of 9/- or 15/- per treatment according to whether it is provided in the surgery or in the home, less a contribution from the patient of 2/6d. per treatment for the aged and handicapped persons and 5/6d. per treatment for expectant mothers. An exception is made of those in receipt of National Assistance Board allowances from whom no contribution is required.

During 1963 it is estimated that the six Chiropodists in this Division saw 666 patients and these patients had a total of 2967 treatments.

Of these 666 patients, 274 were housebound, and 392 attended the chiropodists surgeries.

In addition, treatment is given on a sessional basis by some Chiropodists who attend the Old Peoples Clubs and during 1963 an average of 58 patients were seen each month at some seven premises in the Division.

AMBULANCE SERVICE

I am grateful to the Ambulance Staff Officer, Mr. H.J.W. Bawden, for the following report.

St. Albans - Harpenden

During the year the directly provided Ambulance Service for St. Albans and Harpenden carried, 33,965 patients and covered 183,894 miles. An increase of 4,799 patients and 13,600 miles.

The Hospital Car Service carried 2,471 patients and covered 52,101 miles.

Mrs. L. Bedford the Hospital Car Service Organizer for St. Albans and Harpenden area resigned after many years service, and the Car Service for this area is now directly controlled by the Ambulance Brigade and is known as the Auxiliary Car Service.

At the Ambulance Training School 142 men have been trained according to the syllabus for Ambulance and First Aid Section of Civil Defence, and another 140 men attended for general ambulance instruction.

HOME HELP SERVICE

I am very grateful to Mrs. P.D. Taylor for the preparation of this report.

ST. ALBANS CITY AND RURAL DISTRICT, 1963

CASES SERVICED 1963

	Mental Illness	Mater rity	T.B.	Chronic	Blind	Acute	Accident	Misc.
Other than O.A.P.	3	179	4	41	NIL	58	3	2
O.A.P.	9	NIL	2	439	11	3	2	1

TOTAL 757

The year started with the hardest winter the Home Help Service had experienced. Many of the elderly citizens were without water and coal. An anonymous donor gave the Mayor £50 for coal for the elderly and the Round Table members helped to provide fuel for other needy cases.

There was one elderly woman who had spent Christmas with friends in London and had been taken ill and admitted to hospital. She was discharged home about the third week in January. There were burst pipes and no coal when she arrived in the afternoon. Coal and a food parcel were provided and the plumber, who could not have been busier, arrived to repair the water system. Everything was in order within twenty-four hours.

One of the home helps was called upon to look after an elderly man of eighty-two who had bronchitis and arthritis. He had no fire in his bedroom and it was difficult for him to climb the stairs. It was decided his bed should be brought down to the living room. The home help was up in his bedroom and heard voices below, she called "Would the gentleman down there have a few minutes to help me carry the bed downstairs?" "Certainly," said the gentleman, who was the Doctor and thereupon helped the home help with the bed and also assisted to get it set up!

There was water to be fetched daily from standpipes. In a vast number of cases the home helps were the only contact between the patient and the world outside. Their work was a true vocation more than ever during this period.

The cases steadily increased during the year, especially those relevant to the elderly and one wonders from where the staff will come in the future. It is difficult to divide the hours adequately so everyone receives a fair share of the help available. The assistant organiser was given a few more hours to help with the visiting. As the health of some patients improves and deteriorates so rapidly the visiting is

essential to keep priorities in perspective.

The Good Neighbour Service made a very slow start and we only employed four at the end of the year. These four were very valuable and it is hoped as the scheme gets under way it will be one solution to ease the shortage of staff.

At the annual presentation of badges to home helps at County Hall five received five year badges. Now there are over twenty home helps with these badges and one of them has been in the service sixteen years and two of them fifteen. The Conditions of Service for the home helps were amended and those with five years service will be receiving two weeks and three days holiday per annum and those with twelve years service three weeks in future.

Mobile Meals were delivered daily Monday to Friday in the City. At the end of the year there were too many demands on the service for one van to cope with so a Hotlock for twelve meals was purchased to start a subsidiary service. These meals are taken round in private cars by voluntary drivers. We would still like to see a Mobile Meals Service in the Rural Area near Watford Road and Bricket Wood. The meals as well as giving nourishment to the recipients assists the home helps' valuable time to be deployed elsewhere. Although organised by the Old Folks Welfare Committee meals were delivered to some handicapped people under pensionable age. The patients paid full cost as these dinners are not subsidised as those delivered to the old age pensioners.

A staff meeting of home helps was held in October when Doctor George Cust, Divisional Medical Officer, spoke to the home helps about working in houses where there is infection and where there is mental illness.

There were a number of offers of help from voluntary sources. A group of young people from the United Nations Association offered to clean up any houses too dirty for the home helps! These youngsters did some decorating. The Rover Scouts offered help and cleared a garden which was like a forest with saplings. A master and some of the senior boys from one of the schools did a wonderful job for an elderly lady who lived on her own. They fixed up a cooker and did some electricity work and decorated her bedroom. They also chopped wood and delivered it to the needy for Christmas as well as clearing gardens for the handicapped.

During the year I attended a two day Home Safety Conference in London and a weekend school for organisers at Buxton, the theme of which was "Care in the Community".

I would like to take this opportunity of thanking the General Practitioners for their co-operation and understanding of our difficulties, the Hospital Almoners for their assistance and many others not forgetting my own staff of home helps for their untiring efforts to keep up the standard of the service we try to provide and for the many tasks they take on outside their normal duties.

I am very grateful to Mrs. J. Bowyer for the following Report.

BOREHAMWOOD HOME HELP SERVICE

Total number of current cases December 1963	- 179.
New cases attended during 1963	- 108.
Home Helps employed December 1963	- 43.
Cases helped by the Good Neighbour Service	- 21.

The main burden of the work in this area is caring for the chronic and elderly people who are rehoused from the London area. Amongst these people is a middle aged, helpless spinster who depends entirely upon this Service. She is so rude and demanding that neighbours refuse to help her, but the home help attends daily, in spite of the patient being very abusive.

The Children's Officer has requested help for 5 families where the fathers, singlehanded, are keeping a home for the children. Help is usually provided to prepare the children's breakfast and send them off to school, where there are young children help is again given at teatime.

The County has provided 3 home helps in this area with bicycles, this enables the Service to be extended to the outlying farms. One mother with 5 young children, was discharged from hospital and ordered complete rest, the home help cycles 7 miles every day for 2 months to the farm to help this mother.

There are now 2 home helps with over 10 years service and 8 with over 5 years service to their credit, 3 home helps were presented with long service badges this year at County Hall.

The in-service training course was held at Hatfield Technical College, 2 home helps from this area attended.

The Good Neighbour Service was introduced into the County this year and has proved very successful in this area. This Service provides the acutely ill or chairbound cases with a little help more frequently each day than is possible by the Home Help Service. One patient with a chronic cardiac condition recently lost her mother, she discharged herself from

hospital and made two attempts to commit suicide. A Good Neighbour was prepared to help this patient, she has cleaned, washed and cooked for her, but has also given the patient that little extra attention which is possible under this Scheme, the hospital are very pleased with the patient's condition.

The Meals on Wheels Service only provide 20 lunches twice a week, these are made available by the kindness of John Laing Ltd.

The Red Cross Society members have recently volunteered to visit the difficult spinster several evenings a week. The needy patients have received warm clothing and food parcels from this organisation.

One elderly lady who is now housebound, played an active part in the Girl Guides, the District Commissioner was informed of this lady's condition and the Guides now visit frequently.

I am very grateful to Mrs. J. Darbyshire for the following report.

HARPENDEN URBAN DISTRICT - 1963

1. The shortage of suitable staff is particularly acute in Wheathampstead and Harpenden area, largely due to the difficulty in obtaining private help and the consequent call on our services. Our difficulty being added to by enormously high wages offered privately - as much as 6/6d. per hour. The shortage is being temporarily overcome by engaging help from Luton.
2. The bulk of cases is the chronic sick and aged, but a large proportion of maternity cases have been serviced - with an even larger amount of advance bookings - both home confinements and very early hospital discharges, also quite a number of pre-confinement cases, successfully concluded by confinement help.
3. The Good Neighbour service seems to work well in some cases, though a suitable Good Neighbour is not always easy to find. This is where District Nurse and Health Visitor co-operation has been very helpful.
4. This office is of great value and the additional daily session 3.30 - 4.30 useful.
5. The liaison with all voluntary services excellent. The meals on wheels, invaluable, and the W.V.S. and Harpenden Trust have been particularly helpful.
6. We have had a number of difficult cases, these have been successfully resolved by a Home Help or Good Neighbour. One very difficult case being dealt with on a rota system, another very difficult, eccentric and irascible old lady, who had not been to bed for a year was helped by a Good Neighbour until she became unable to leave her chair, when with the tactful persuasion of the Good Neighbour she finally consented to go to hospital, where she has settled very well I am told.

APPENDIX TWO

REPORT ON THE SCHOOL HEALTH SERVICE

ST. ALBANS DIVISION

REPORT ON THE SCHOOL HEALTH SERVICE, 1963

ST. ALBANS DIVISION

The St. Albans Health Division of the Hertfordshire County Council covers the areas of the following local authorities from North to South:-

Harpenden Urban District
St. Albans City
St. Albans Rural District
Elstree Rural District

The area, on the whole, is an urban one, although there are large amounts of pleasant countryside surrounding the urban areas. There was full employment in the area during 1963, and the area can be classed as a reasonably prosperous one.

The population of the Division is 140,140 with a school population of 22,158 and a pre-school population of 11,361.

STAFF

The staff of the department consists of:-

Medical Staff

Dr. G. Cust	Divisional Medical Officer
Dr. P. O'Reilly	School Medical Officer
Dr. A. Stevenson	" " "
Dr. J. Beard	" " " (left October 1963)
Dr. A. Wright	" " "
Dr. E.G. Davie	" " " (commenced part-time 21.1.63, full-time 2.9.63)
Dr. D. Marsden	" " " (started part-time 30.9.63)

Nursing Staff

Mrs. E.M. Jeffries	Divisional Nursing Officer (resigned March 1963)
Miss B.C. Thornton	Deputy Divisional Nursing Officer (appointed Divisional Nursing Officer 24.4.63)
Miss A.T. Roberts	Deputy Divisional Nursing Officer from 16.9.63

(a) Health Visitors

Miss Abbott (started 1.9.63)	Miss Burt
Mrs. Barasi (started 28.10.63)	Miss Bushby
Miss Barrand	Miss Conduit
Mrs. Bruce (left 16.12.63)	Miss Cooper
Miss Buchanan (started 30.9.63)	Miss Greenham

Mrs. Hanson (left August 1963)	Miss Mockford (started 1.1.64)
Miss Helyar	Miss Reed
Miss Jenkinson	Miss Riches
Miss Joyce	Miss Sachs
Miss A.M. Lewis	Miss Sharpe
Miss W.J. Lewis (started 1.5.63)	Miss S. Smith
Miss Lord (started part-time 8.10.63)	Mrs. Tattersall
Mrs. McDearmid	Mrs. Trudgett
	Miss Woodall

N.B. All the doctors and health visitors work part-time in the School Health Service.

(b) Clinic Nurses

Mrs. Hooper	Mrs. Pink (started 1.12.63)
Mrs. Jackson	Mrs. Rogers
Mrs. Jones (left February 1963)	Miss Thomson
Mrs. Nicholls	

(c) Consultants

*Dr. M.V. Bickerton	Consultant Audiologist
*Dr. A.M. Garratt)	
*Dr. J. Crewdson)	Consultant Ophthalmologist

(d) Other Services

*Mr. Grossman (started 7.1.64))	
*Mr. R. Savage)	
*Mrs. Grossman (started 7.1.64)	)	Peripatetic Teachers of the Deaf
Mr. J. Simpson (resigned mid 1963))	
Mrs. J.P. Toohey (resigned mid 1963))	

*Miss N. Chatterton	Remedial Therapist
---------------------	--------------------

Miss J.M. Barfield)	
Miss L.H. Martin)	Speech Therapists

*Miss M.J. Jeavons (left 6.9.63)	
*Miss Ashley-Biggs (started Oct.63)	Orthoptists

*Miss J.F. Anderson	Audiometrician
*Miss S. Lumgair	Asst. Audiometrician

(e) Clerical Staff

Mr. Jewell (part-time school health service)	Mrs. Stratton (resigned February 1963)
Mrs. Woodsmith	Miss Wren (started 16.4.63)

(*Denotes part-time in this division - either shared with another division or Regional Hospital Board.)

There have been a number of changes in the staff during 1963. Dr. Beard left us in October to return to surgery in India. Dr. Davie who commenced part-time on 21st January 1963, was appointed full time to replace Dr. Beard, and Dr. Marsden was appointed on 30th September, 1963 to fill the part-time appointment. The addition of the part-time medical appointment has been a great help during 1963, although as the birth rate has continued to rise, the demand on medical time for infant welfare sessions and immunisation sessions, at the Infant Welfare Clinics has risen and as the doctors have to do extra infant welfare sessions, the amount of time available to do school health work, drops correspondingly.

There have been a number of changes amongst the Health Visiting staff but we are still under establishment, even with the addition of the two part-time Health Visitors.

ADMINISTRATION

Geographically, the Health Division and the Education Division of the County Council do not coincide, but both the St. Albans Education Division and the Barnet Education Division are concerned with our administration. The St. Albans Education Division is situated wholly within the St. Albans Health Division, but the southern part of the Health Division comes under the Barnet Education Division. The liaison between both Divisions is very good and very close. The Divisional Medical Officer attends the School Welfare Committee of the St. Albans Divisional Executive.

The School Medical Officers do not have a room in the Divisional Health Office in which they can keep their files, and where they can work, and this means they have to write up cases in outlying clinics, or in their own homes, and do not meet or see the rest of the staff as frequently as they would if they had such a room. We hope that when the Divisional Health Office moves from the present premises at 15 Hatfield Road, to Bleak House in 1964, that some of the difficulties with the office accommodation will cease.

ROUTINE MEDICAL INSPECTION

This valuable work has gone on as usual throughout the year. The present system of routine medical examination is as follows:-

1. Entrant examination at 5 years for all children.
2. Intermediate examination of all children at 8 years.
3. Intermediate examination of all children at 11 years.
4. Leaver examination for all children.

In addition, the entrants to nursery schools have a routine medical inspection. In order to develop good personal relationships between the head teacher, his staff, and the school doctor and health visitor, doctors and health visitors are attached to particular schools, and, so far as it is possible to do so, the doctors and health visitors follow the child up the line from Infant Welfare Clinic to Infant School, Junior School to Secondary School; by letting the doctors do the Infant Welfare Clinic in the areas in which are their schools.

During 1963, after a number of meetings and discussions among our own staff, we did produce a report on alterations in the form of the routine medical inspection, which was discussed with our teacher colleagues, and which we hope will go into operation in this Division on 1.1.65.

STATISTICS

TABLE I - PERIODIC MEDICAL INSPECTIONS

<u>Age Groups Inspected</u>	<u>No. of Pupils Inspected</u>	<u>Physical Condition of Pupils Inspected</u>	
		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Nursery Schools	236	236	-
Entrants	2740	2730	10
8 years	1784	1779	5
12 years	1409	1404	5
Leavers	1449	1446	3
Total	7618 (7785)	7595 (7742)	23(43) *

All children at routine medical inspections are classed as medically satisfactory or medically unsatisfactory. 99.7% of all children were satisfactory. 0.3% of all children were unsatisfactory at the time of examination, this compares with 0.5% who were unsatisfactory last year.

TABLE II - SPECIAL INSPECTIONS & RE-INSPECTIONS

Special Examinations- At School		280)	Total <u>503</u> (263)
At Clinic		223)	
Re-inspections - At School		5005)	Total <u>5041</u> (4479)
At Clinic		36)	

* figures in brackets refer to the previous year.

DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

Cleanliness

The standard of cleanliness on the whole is high, though there are a few families in each area where things leave much to be desired, but these are already well known to the Health Visitors and are under supervision. When children from these families reach fourteen years old examination they are often responsive to individual advice at the medical, and if their intelligence is normal they can often wash their own clothes and care for their own personal hygiene. This is specially true of the girls and there is often a dramatic improvement at this age, especially if they feel that the interest shown in them by the doctor is not a critical one.

The incidence of head lice is very rare in the Division, but there are a few cases found each year, but mainly in known families. There were 18,425 head inspections in schools during the year and only nine children were found to be infested.

Teeth

All the school doctors report little change in the condition of children's teeth. There are few children who show a perfect set of permanent teeth but there are relatively few cases seen at medical inspection of untreated dental decay. Where there has been gross decay in the first dentition, the diet can generally be blamed. Young children are allowed to eat far too many sweets and biscuits between meals and the parents do not realise that their permissive attitude to these and to the twice daily call of the ice cream bell, in reality does their children a dis-service. Artificial fluoridation of the water supply would be of great help in producing teeth with better resistance to caries.

Eyes

	Disease or Defect	Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
a.	Vision	168	318	233	33	408	113	809	464
b.	Squint	89	58	9	1	64	15	162	74
c.	Other	14	18	1	5	21	29	36	52

(T = children requiring treatment:

O = children requiring observation)

Defects of visual acuity are the most common trouble found at routine medical examinations. Normally children's visions are tested at the age of 5, 8, 11 and 14, and during the year we started doing an extra vision test for children at the age of 6 years just to check whether any latent cases of amblyopia were being missed at the age of five. There are still a

relatively large number of visual defects found at the leaver medical, particularly in the Grammar School Group.

Ears

	Entrants		Leavers		Others		Total	
	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>
a. Hearing	48	227	7	6	35	61	90	294
b. Otitis Media	44	170	4	4	12	45	60	219
c. Other	6	25	2	1	11	21	19	47

A high proportion of children referred to as defects here, have only slightly defective hearing, frequently a variable catarrhal deafness, and it is most helpful to be able to investigate these cases further whilst they are still at school. Many infant school teachers are very vigilant and bring forward any child whose hearing they are at all worried about and these ears can be tested at the routine medical inspection. The services of peripatetic teachers are greatly appreciated both in the investigation and elucidation of borderline cases and also the very frequent and regular care which they give to the several partially deaf children in normal schools and the children who are using hearing aids.

There has been increasing use of the County Audiology Unit set up in 1962 for referral of cases picked up not only in school children but in pre-school children. There have also been many children referred to the audiometrician for assessment of their hearing. This is purely a technical service in which the school doctor can get a scientific measure of the child's hearing. During the year sweep audiology of children of five years of age was carried out in a number of infant schools. We shall be most interested to see what the results of this are, as many cases of deafness in children of this age are just due to transient catarrhal conditions. There was an increase of otitis media in the children examined this year, compared with last year, this increase being largely in the entrant age group.

Nose and Throat

	Entrants		Leavers		Others		Total	
	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>
	105	498	19	35	41	248	165	781

Diseases of the nose and throat do not appear to have caused a great deal of trouble, though recurrent catarrhal infections are very common in the entrant age group. The recent trend over the last few years towards not recommending tonsillectomy appears to be fully justified and the number of children actually having this operation is diminishing.

Speech

Entrants	Leavers	Others	Total
<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>
43 189	3 5	15 43	61 237

Throughout the whole of 1963 we have had the services of two Speech Therapists, Miss Barfield working in Boreham Wood and Harpenden, Miss Martin in the City and the Rural Districts. In addition to the children referred from the School Health Service, many children are referred from the Infant Welfare Centres to the Speech Therapist in order that the child should be helped to some degree before going to school. The children appear to enjoy their sessions at speech therapy and seem to make rapid progress and by eight years old, most speech defects have been cured and the few remaining stammerers have been helped to control their speech.

Heart

Entrants	Leavers	Others	Total
<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>
21 111	3 25	15 104	39 240

Most cardiac defects have been diagnosed by the family doctor or at the Infant Welfare Clinic before the child's admission to school, and only rarely is it, that a child has to be referred from the School Health Service to his doctor regarding a congenital defect, but occasionally a rheumatic heart disease is picked up during routine medical inspection. There are about half a dozen children each year who have had cardiac operations or who are awaiting cardiac operations and these are followed up with special regard to the degree of school activity to be permitted.

Lungs

Entrants	Leavers	Others	Total
<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>	<u>T</u> <u>O</u>
50 170	11 18	44 97	105 285

Bronchitis with or without asthma is by far the commonest condition found and most of these were already under treatment by their doctor or the Chest Clinic. There was a sharp epidemic of whooping cough in some of the districts in the Autumn and Winter of 1963; both typical and atypical cases (due to previous immunisation) and this caused a good deal of absenteeism in schools and many children were suffering from catarrhal coughs and lack of appetite for many weeks after the infection had cleared.

Developmental Conditions

	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
a. Hernia	14	17	0	1	0	7	14	25
b. Other	15	30	8	15	16	82	39	177

Not many hernias have been seen during the year and those observed have been operated on or were being observed at hospital. Undescended testicles is by far the most common condition.

Orthopaedics

	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
a. Posture	4	33	3	88	7	138	14	259
b. Feet	14	265	5	134	32	360	51	759
c. Other	14	104	23	36	20	95	57	235

(a) Posture On the whole most school medical officers agree that much of the poor posture seen particularly in adolescence is a sign of lack of confidence and if this can be tackled the posture improves. Poor posture in girls in the early teens may reflect shyness about their developing breasts. A certain type of slouch is found in teenage boys who are endeavouring to emulate their favourite 'pop' singer.

(b) Feet In a large number of schools there appears to be an improvement in the condition of the feet of teenage girls. One doctor reports "At all the secondary modern schools I go to, the head teachers have been waging a campaign for better shaped shoes and the shoes the girls are coming to school in, are really improved. I would like to feel that this is a result of all our work and propaganda, but as one grammar school girl said to me, "You are not going to be so worried about our feet in future doctor, as pointed toes are out."" Another doctor says "Flat feet and valgus ankles are very numerous and having tired of removing my shoes and demonstrating exercises to be carried out at home, I have now arranged with the head teachers and their staff for exercises to be incorporated with P.E." Teachers have been most helpful about this.

There have been a number of children during the year who have had fractures following injuries and transport to school has been arranged in a number of cases whilst the children were in full length leg plasters.

Nervous System

	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
a. Epilepsy	4	4	3	1	7	6	14	11
b. Other	4	26	7	5	5	13	16	44

There were a small number of epileptics seen in the children examined during the year. Only a very small minority of these lead to any difficulty in the school. Most children suffering from epilepsy fit very well into normal school life but it is essential that the teaching staff should be fully informed of the fact and there should be full co-operation between parents and headmaster. In this way allowance can be made by teachers for example, for temperament changes due to alteration in dose of drugs, or for any factors liable to upset the normal pattern of fits. If the parents do fully realise the responsibility placed on the school, precautions can be usually worked out together, e.g. one little girl who is very prone to cut her head, wears a light crash helmet when her fits are expected to be most frequent. Other children in the class accept these precautions and fits quite casually, and are most helpful with her.

Psychological

	Entrants		Leavers		Others		Total	
	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>
a. Development	6	44	2	13	8	39	16	96
b. Stability	9	221	3	19	26	134	38	374

Slowness of development in school children is on the whole well catered for once the children get to the age of seven and can go to the Educationally Subnormal School. There are however, some difficulties when children are known to be backward at school at the age of five and there is a hiatus between 5 and 7 which is difficult to fill. When a child in this category is known to be attending the school there seems to be no adequate provision for them until they can go to the E.S.N. school unless they stay under the Nursery School. We seem to need something to fill this gap. Our educational psychologist colleagues have been as usual, of invaluable help in assessing and following up retarded children. The Division as a whole does seem to be short of an educational psychologist, even when we are full staffed, but since Mr. Hughes left during the year, the difficulties in the South of the division, have been very great.

Children with emotional difficulties are extremely common. The school medical officers themselves, do a great deal to help these patients, by giving time for the mother to talk about her troubles. Many of the doctors run a special clinic where the mother can feel that she can talk as much as she wants. In severe cases of maladjustment of course, referral to the Child Guidance Clinic is necessary. Emotional problems of adolescence can also reflect family troubles as many of the emotional problems at five years do, but these later troubles often result from rebellion at this age. Recent patterns of family upbringing have been over permissive in early childhood and the ill discipline caused by this may force the parent to too severe restrictions during adolescence.

This is contrary to the desirable pattern whereby control by the parents is gradually shed until in the teens the child attains responsibility to himself. The medical examination at fourteen is of a special interest as this is the first time the child is seen as a developed personality and these troubles recognised and explained to both parent and child. The early puberty now found poses its special difficulties and sex education becomes increasingly important. Most headteachers realise this and some form of education is being provided, either by the school or health department staff. It is at last realised that although this should be a parental responsibility, many parents are unable to carry it out. Quite a number of twelve year old girls say that parents have not prepared them for menstruation at all.

Nocturnal enuresis in younger children is still a problem and a great deal of success is being obtained by using the electrical conditioning apparatus.

The Child Guidance service has continued to be a great help during the year. The personal contacts with Mrs. Gregory and Mr. Hughes (before he left) is very close. I think there are still difficulties with this service because the doctor referring the case does not know which child psychiatrist will be seeing the case and apart from rare occasions, there is very little personal communication, between the psychiatrist and the school doctor.

MEDICAL INSPECTION ROOMS

During the year a survey was made at the school medical inspections of the school medical rooms. It is still rather disappointing to see some of the comments about purpose built medical inspection rooms, e.g. at one school, though there is a purpose built medical inspection room, actually the staff room was used for the medical as this was so much better for the purpose than the medical room. Another comment "Purpose built medical inspection room - I think this was purpose built but is now the secretary's office." Though there are purpose built medical inspection rooms, very often there are no adequate changing facilities for the children and they have to change behind screens in the hall or even in the medical inspection room, and often there is no comfortable waiting space for the patients.

HANDICAPPED PUPILS

The work with handicapped pupils takes up a large part of the time of the school doctor, and on the whole, handicapped pupils are well catered for in this area. The opening of the Day Physically Handicapped School at Oxhey by the County Council and the Watford Centre by the Spastics Society has been a great help to the more severely physically handicapped children in this Division.

The categories of handicapped children are:-

Blind children	Educationally subnormal children
Partially sighted children	Physically handicapped children
Deaf children	Delicate children
Partially deaf children	Maladjusted children

HANDICAPPED PUPILS 1963

	New cases assessed New admissions in 1963		No. of Children Receiving Special Educational Treatment.							No. of children awaiting placement	
			Special Schools		Independent Schools	Boarding homes or hostels	At Home	Hospitals, convalescent homes, or other units	TOTAL		
			Day	Res.						Day	Res.
Blind	1	-	-	8	-	-	-	-	8	-	1
Partially sighted	-	-	1	1	-	-	-	-	2	-	-
Deaf	-	-	2	3	4	-	-	-	9	-	-
Partially hearing	-	-	-	4	-	-	-	-	4	-	-
Physically handicapped	5	11	13	4	4	-	4	-	25	-	-
Delicate	4	3	-	11	1	-	1	-	13	-	1
Maladjusted	2	5	2	11	11	3	2	-	29	-	2
Educationally subnormal	40	56	124	23	-	-	1	-	148	10	2
Epileptic	1	-	-	4	-	-	-	-	1	-	1
Speech	-	-	-	-	-	-	-	-	-	-	-
Totals	53	75	142	66	20	3	8	-	239	10	7

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis is offered to all children during their thirteenth year. The children are first tested to determine whether or not they need B.C.G. vaccination. All children who are 'negative' to the test (which means that these children have had no infection with tuberculosis in their lives and thus have no immunity against the disease) are then vaccinated against tuberculosis. All children who show 'positive' tests, which means that at some time in their lives they have had an infection with tuberculosis, are X-rayed at the Chest Clinics to ensure that they have no active disease. This is a most valuable procedure for the prevention of tuberculosis.

School or College	No. of consents received	No. of pupils of Independent and County Secondary Schools.			
		Tested	Pos.	Neg.	Vacc.
Aldwickbury	13	10	1	9	9
Birklands	9	9	1	8	8
Beaumont S.M.	150	144	5	136	136
Boreham Wood Grammar	88	85	3	82	82
Boys' County Grammar	78	78	6	72	72
Campions S.M.	69	63	4	59	59
Francis Bacon Grammar	123	118	4	109	*107
Girls' High School	54	49	-	46	46
Hillside S.M.	171	166	10	156	156
Holmshill S.M.	130	127	5	118	118
London Colney S.M.	61	60	4	56	56
Loreto College	105	104	6	96	96
Lyndale	1	1	-	1	1
Lyndhurst S.M.	121	110	8	100	100
Manland S.M.	101	96	4	92	92
Marshalswick S.M.	80	76	6	70	70
Redbourn S.M.	40	36	-	36	36
Roundwood S.M.	77	76	4	72	72
St. Albans School	83	83	2	78	78
St. Albans Girls' Grammar	82	80	5	74	74
St. Julians	92	87	6	81	81
St. Georges	34	34	5	29	29
Sandfield	105	96	5	88	88
Townsend C.E. Boys	33	32	-	32	32
Townsend C.E. Girls	70	69	3	66	66
	1970	1889	97	1766	1764

* Two boys not vaccinated - one having course of tetanus and one had a brother ill with mumps.

SCHOOL MEALS

There has been a very close co-operation between the school meals service and the School Health Service during the year. I think this is most essential if the best medical advice is to be given to what is a very large catering organisation.

I include below a description of an unusual outbreak of Food Poisoning which occurred in one of the schools in the Division.

During a school lunch, at a Primary School in St. Albans on the 5th November, 1963, members of the staff and children complained of a sudden onset of a general feeling of warmth, accompanied by a tingling of the face and a purple-red rash on the face, body and limbs. The onset was extremely sudden and occurred before many of the people had started to eat their second course. There was no vomiting or diarrhoea. Of 228 people served school meals that day, 70 children and 13 staff developed symptoms. Most people developed symptoms within 15 minutes of beginning to eat and the reaction lasted from 30 to 60 minutes.

Typical symptoms were described by members of the teaching staff as follows:-

"I had just eaten the main course and beginning the dessert when I noticed my eyes were tingling, and this passed to my forehead and my face. My face felt hot and painful, as if it had been scrubbed with sandpaper. I also felt very hot. My face went red and this was commented on by other people at the dinner table. A purple-red rash passed down from my face on to my neck, shoulders, chest and as far down as my knees, in about 30 minutes. The rash disappeared in the same order in which it had come, in about another 30 minutes, after which I felt cold and looked rather pale, but within an hour I was completely back to normal."

Other people described similar symptoms:-

"My face turned a vivid red colour, I had painful eyes, and I felt hot. I had a tingling sensation in my fingers, and my head, neck and body turned a vivid red colour."

"Face turned red and flushed. The palms of my hands tingled, my face tingled and turned red."

"After a slight irritation of the hands, I got a hot sensation on my face. My face and body turned a purple-red colour. I felt as if I had been severely sunburnt."

There was one atypical reaction from a member of the staff who said, "I did not feel ill until after the meal and for the rest of the day my skin felt tight and I had a headache and felt sick."

It was obvious that this was not an ordinary bacteriological toxin or infective food-poisoning nor were the symptoms suggestive of any other metallic food-poisonings, although the incubation period was about right for these. My remark about the clinical symptoms at the time, was that it was typical of what happened after an injection of a powerful vaso-dilator.

Investigations

The school meal consisted of hamburgers, carrots, potatoes and gravy; with a dessert of rhubarb and custard. The whole of the staff of the school were interviewed and detailed questionnaires of the things they had eaten at the meal, and of any reactions, were compiled. It was also helpful that the people had sat down to this meal in three sittings, the canteen staff having the last meal in the series and they very bravely decided only to have the first course, to decide what had caused this reaction. It soon became obvious that the meat dish of the meal was the cause of the reaction.

The meat was minced chuck steak, and it was the first time that meat had come from this particular butcher, as it was the first delivery under a new County Council School Meals contract. The meat was described by the canteen manageress as "nice, pink and fresh looking." To this minced steak was added dried semolina, dried herbs, salt and pepper and onions. The semolina, dried herbs, salt and pepper were all from supplies which had been used previously without any trouble. The onions were the last of a large batch which had been used in previous meals without any ill effects. The point was specifically raised of the appearance of the onions, as to whether or not they had been daffodil bulbs etc., but the canteen staff were very confident that these were all onions.

As is the routine procedure with the School Meals service, a sample of the complete meal had been retained by the Canteen Manageress. Samples of the hamburger were sent (a) for bacteriological investigation and (b) for chemical analysis, with the suggestion that the Analyst should look for a vaso-dilator.

Later that day I discussed this outbreak with Dr. Bloss of the Ministry of Health and he was able to tell me of cases with similar symptoms in another town a month previously. The symptoms in these cases had been due to the presence of an excess amount of nicotinic acid on minced meat. A preparation sold under the trade name of 'Evered', and consisting of a mixture of nicotinic acid and ascorbic acid, had been added to the minced meat to help give the meat a good red colour.

The meat in our cases had been supplied by a butcher in Middlesex and our colleagues there visited the premises of the butcher concerned, and at first the Manager denied the use of any preparation on the minced

meat, but eventually admitted that a product known as 'Salox' was used in the shop and that one of his assistants might have used this in the preparation of the meat sent to St. Albans. The one pack of 'Salox' in the butchers shop was obtained and sent to the City Analyst for investigation.

Results of Investigations

(a) Bacteriological Report There were no pathogenic organisms grown from the sample of hamburger.

(b) Chemical Analysis of the Hamburgers Ascorbic Acid - From three samples of the hamburgers the amounts of ascorbic acid present were found as follows:-

Sample A	-	18.5 mg. per 100 g.
Sample B	-	22.0 mg. per 100 g.
Sample C	-	13.5 mg. per 100 g.

The normal figure for a meat product such as this, having regard to the fact that the recipe used contained fresh onions, should not exceed 2 mg. per 100 g. Sample B was subjected to a micro-biological assay for nicotinic acid. The amount of nicotinic acid present in 100 g. of hamburger was found to be 300 mg. The actual nicotinic acid content of normal meat varies considerably with a figure of 50 mg. per 100 g. as an average figure. A reasonable assumption to make, therefore, is that the sample contained not less than 250 mg. of extraneous nicotinic acid per 100 g. of the meat (100 g. is an average sized portion of the hamburger.) The 'Salox' obtained from the butcher's shop was contained in a large lever lid tin, the lid of which had been pierced in many places with large holes. The directions of the label were that one ounce of the additive is to be used for every 30 lbs. of meat. The analysis of the 'Salox' showed the following:-

Ascorbic Acid	12.0 per cent.
Nicotinic Acid.....	6.3 per cent.
together with Reducing Sugar.	

If this material was used at the rate recommended, the added nicotinic acid content would be approximately 13 mg. per 100 g. in the finished article. It is therefore evident that an appreciable excess of the compound had been employed in the treatment of the minced beef used for the hamburgers.

Summary

1. An outbreak of 'food poisoning' due to the presence of excessive amounts of nicotinic acid added to raw meat is described.
2. Following this outbreak and other cases, regulations have been made jointly by the Ministry of Agriculture and Ministry of Health prohibiting the addition of nicotinic acid and similar chemicals to raw and unprocessed meat intended for human consumption.

I should like to thank Dr. J.F.E. Bloss of the Ministry of Health for his help and advice, Mr. J.D. Curson, City Analyst for the ascorbic acid determination, and Dr. A.J. Amos, O.B.E., for the nicotinic acid assay.

HEALTH EDUCATION IN SCHOOLS

Health Education in the School Health Service this year has been carried out under three headings.

- 1) Smoking and Health
- 2) General Health Education
- 3) Food Hygiene and the School Meals Staff

1. Lectures on smoking and health have been carried out in many Secondary Schools by the Divisional Medical Officer. In addition to this there was a visit of the Central Council for Health Education Anti-Smoking Unit from 13th to 21st June. This unit visited ten Secondary Schools and altogether talked to 600 children. The mobile unit was manned by two male university graduates, both with Secondary School teaching experience. Both these lecturers had an intensive course of training on the subject of smoking and health. The usual way of working the unit was for each of the demonstrators to deal with a normal class unit for a normal class period of about forty five minutes. One demonstrator gave a talk and showed a film and the other demonstrator used a flannel graph to demonstrate his talks. Each demonstrator took two classes in the morning and two in the afternoon during the time they were in the division.

There was some administrative difficulty with the unit, but there is no doubt that they made a strong impression on children in the schools and I was particularly impressed with the response to the Ministry of Health film, "Smoking and You." This is a most difficult field in which to work. Health Education in this subject consists of three stages: 1) The children must be given the knowledge that smoking is harmful. 2) They must acquire attitudes from this knowledge and from the habits and attitudes of their parents and teachers that smoking is dangerous to health and they should not take up stage 3) the habit of smoking cigarettes. In order to assess the work of this unit, a questionnaire was submitted to

those children before the unit came to the school and six months after the visit. It is very difficult using questionnaires to gain much impression of the attitudes of these children and, even more difficult to find out what their habits are. Judging from our questionnaires before the Smoking Unit visited the schools, a large percentage of the children, approximately 70 per cent, knew the dangers of smoking, and as far as can be assessed by a questionnaire many of them have the attitude that smoking is bad for health and they themselves would not smoke at all or would only smoke in moderation.

I would think that the best way of carrying out this particular field of health education locally in schools is two ways: 1) that facts relating to smoking to be used in physics, biology, chemistry and general science, and 2) that these should be reinforced by anti-smoking campaigns, very similar to the one we had in St. Albans, but I would have thought that our own staff could do this most adequately rather than bringing in units from outside. As so many of the children already know the facts about smoking and health, I think attempts to make smoking unpopular by means of its expense, its effects on athletic performance, and the hygienic ~~aspects~~ of smoking should be exploited. One of the questions which we asked these children, was to describe in no more than four lines why they thought young people started to smoke, and their answers are classified as follows:-

To feel big..	..	..	..	244
To copy adults	..	..	..	221
To show off..	..	..	..	215
To appear grown up	..	..	..	198
Because friends do	..	..	..	124
To copy parents	..	..	..	104
Calms nerves.	..	..	..	51
For fun.	..	..	..	49
Because it is a habit..	..	..	..	34
To keep mind occupied..	..	..	..	20
Advertising on television	..	..	..	19

Fifty nine children expressed the opinion that they did not know.

2. Other Health Education Topics

Requests from schools have been made to the Divisional Medical Officer for talks on foot health and work of the Health Service. At the St. Albans Girls' Grammar School the Health Department have operated as a team with one of the class teachers, doing the health topics in a Civics course. The subjects covered have been personal hygiene, care of the teeth, feet, simple anatomy and physiology, food, food hygiene, infections, immunisations, the Health Service, the work of the Health Visitor, the Public Health Inspector and the Medical Officer of Health. These classes have been held

with the three first year forms in this school. Visual aids have been used at each talk and there has always been time allowed for group discussion. These have proved to be a stimulating experience from many points of view for the Divisional Medical Officer, Public Health Inspector and Health Visitor, who took part, and we have certainly been able to give up-to-date health information to these children. This course is to be repeated in 1964. The health visitors have also, by invitation in various secondary schools, carried out work on personal hygiene, menstruation and mother-craft. The Divisional Medical Officer and the School Medical Officers have joined in discussions with the headmaster and teaching staffs of various schools, to discuss various aspects of health education, particularly the problem of sex education. Talks were given by various members of the staff in the following schools (a total of 45 talks):

Roundwood Park Secondary School, Harpenden.
Manland Secondary School, Harpenden.
St. Julian's Secondary School, St. Albans.
Roundwood Junior School, Harpenden.
Champions Secondary School, Boreham Wood.
Holmshill Secondary School, Boreham Wood.
Girls' Grammar School, St. Albans.

3. School Meals Staff

Lectures on food hygiene have been given to the whole of the school meals staff in the Division. During school meals staff "Training Days" at Harpenden, St. Albans and Boreham Wood, a lecture on food hygiene and food poisoning and a film on this subject was shown by the Medical Officer of Health and the Chief Public Health Inspectors of the three districts concerned. At the training kitchen at Beaumont School, Miss Abbott, Health Visitor, and Mr. Croft, Deputy Chief Public Health Inspector, St. Albans City have given talks on food hygiene to the kitchen staff undergoing training.

REMEDIAL EXERCISES

Miss Chatterton, the County Council's Remedial Therapist, was able to undertake sessions in St. Albans and Boreham Wood Clinics. Children are referred to her by the school doctors. The children, in addition to doing special exercises at the clinic, are taught exercises which they can carry out at home and which they can do at school under the supervision of their Physical Education teacher.

Breathers and Postures	24	Discharged	8	Failed treatment	8
Feet	31				

OPHTHALMIC CLINIC

Clinic	New Cases	Old Cases Seen	Total
Wellington Court Dr. Garratt	304	713	1017
Harpenden	64	172	236
Boreham Wood	127	537	664

ORTHOPTIC CLINIC

There were considerably more cases referred to the clinic from the St. Albans Division in 1963 than in 1962, both from the School Eye Clinic and from the City Hospital.

Area from which referred	New Cases	Treatment	Observation	Diagnosis only
St. Albans	68	14	46	8
Harpenden (seen in St.Albans)	28	7	19	2
Rural Areas (seen in St.Albans)	12	8	1	3
Elstree and Boreham Wood	45	16	20	9
TOTAL	153	45	86	22

SPEECH THERAPY

	No. of Cases Referred	No. of Cases Accepted*
Boreham Wood (Elstree Way, Greenacres and Saffron Green)	25	29
Harpenden	17	18
London Colney	10	6
St. Albans	114	106

*This includes those cases which were still on the Waiting list at end of December 1962.

Boreham Wood, Harpenden, London Colney

This year, it has been possible to interview all new cases within a few weeks of referral. Undue anxiety on the part of the parents can often be allayed, and advice is given as to how the parents can best help their child until a regular appointment can be offered.

It was sometimes found that a little spontaneous improvement occurred before the child could be admitted for treatment, and in a few cases treatment was then unnecessary.

Earlier in this year, a small group of pre-school children was formed at Elstree Way Clinic. This was largely made up of children with delayed speech and language, who had little or no opportunity to mix with children of their own age. Treatment aimed at improving sociability and encouraging language development in a relaxed but stimulating environment. The group has now been dissolved, as the children are of school age and treatment either needs to be individual, or is no longer necessary. It is hoped that a similar group will be arranged again shortly.

Attendance on the whole has been good this year, and parents have mostly co-operated in contacting the Clinic when unable to keep appointments.

St. Albans

There has been an increase in the number of children referred to the St. Albans Speech Therapy clinics during 1963.

More pre-school children have been referred during the course of the year. In many cases fairly frequent talks with the parents has proved to be the most beneficial. Once the problems have been discussed and some suggestions and advice about the handling of the speech situation have been given, in many cases the natural anxieties about the child's speech are alleviated. Mothers have also found informal group discussions helpful and re-assuring. Often mothers can gain more insight by talking with other parents whose children are slow in developing speech. More of these discussion groups will be encouraged.

Following the opening of St. Luke's E.S.N. school in the summer it was found a good many of the children had speech defects - some requiring help. Some of these children had already received speech therapy at their previous schools and so continued at their new one. Others had not been seen previously and were thus admitted for treatment during 1963.

Attendance at most clinics in St. Albans has been good. Generally parents attempt to keep all the appointments their children might have and are usually helpful and co-operative with treatment.

PERIPATETIC SERVICE FOR THE DEAF

Number of deaf or partially deaf children
in the St. Albans Division who do not attend
special schools for the deaf or partially
hearing

	<u>Under 5's</u>	<u>Inf.</u>	<u>Junior</u>	<u>Sec.</u>	<u>Total</u>
Boreham Wood	-	2	7	7	16
St. Albans and Harpenden Area	2	-	4	13	19
	2	2	11	20	35

All these children were given auditory training etc. as necessary and their parents and teachers received guidance. Unfortunately this service had to be temporarily suspended in July 1963 on the departure from the County of two of the peripatetic teachers of the Deaf until their replacements took up their appointments in January 1964.

SCHOOL DENTAL SERVICE

Full-time:

Mrs. J.M. Barratt, L.D.S., R.C.S.

Part-time

Mr. D.M. Bain, L.D.S., R.C.S.

Mrs. J.A. Bodenham, L.D.S.

Miss L.M.J. Ewart, L.D.S.

Mrs. S. Falconer, L.D.S.

Mr. S.C. Jack, L.D.S., R.C.S.

Mr. P.C. Perkins, B.D.S.

Mr. J.F. Crawford, L.D.S. (Orthodontist)

Mr. Bain, Mr. Crawford, Miss Ewart and Mr. Perkins are all full-time officers of the County Council who spend part of their time in the St. Albans Division.

The number of sessions worked per week at the various dental clinics at the close of the year was as follows:

Harpenden	3
St. Albans, Mandeville	11½
" Margaret Wix	5½
" Wellington Court	full time
" Skyswood	3½

The majority of Orthodontic cases are treated by the Orthodontist who attends the Margaret Wix and Skyswood Clinics for an average of a half session per week and the Wellington Court Clinic for an average of two sessions per week. These sessions are included in the Clinic details set out above.

Inspection and Treatment Figures

Number of children inspected	13,869
" " " found defected	6,834
" " " offered treatment	5,664
" " " treated	2,495
Fillings in Permanent teeth	2,631
Fillings in Temporary teeth	1,289
Extractions in permanent teeth	227
Extractions in temporary teeth	1,417
Administrations of general anaesthetic	837
Other operations	2,253

The statistical tables show that 49% of the children inspected were found defective and that 44% of those offered treatment accepted the offer at the dental clinics within the division.

APPENDIX THREE

HEALTH EDUCATION

HEALTH EDUCATION

Health education is a most important part of the work of the Health Department. It has always been a recognised part of the job of the Doctor and Nurse to teach their patients about health. This has traditionally been on a person-to-person basis, the Doctor or Nurse dealing with the health problems of one patient at a time, and attempting to give her knowledge and change her attitudes so that she can adopt more healthy habits. Much of the work in the clinics, in the homes of families, by the Health Visitors, and the work of the Family and Hospital Doctor is carried out in this field.

In addition to this, the importance of teaching people in groups has come to the forefront in recent years. Not only can patients bring up their own fears and worries within the cover of the group, but by group teaching, knowledge can be given to patients so that their attitudes to health or disease on a specific topic can be changed so that they change unhealthy behaviour into healthy habits.

Antenatal Health Education Classes combined with Relaxation Classes are now being held at the following Centres:

Wellington Court Clinic, St. Albans.
Cunningham Hill Health Annexe, St. Albans.
Skyswood Health Annexe, St. Albans.
40 Luton Road, Harpenden.

Full details of such a Class are described below:

Mrs. McDearmid, Health Visitor, reports:-

The Mothercraft and Relaxation Classes have been in progress at Wellington Court during the past year. These take place each Monday afternoon. Each course consists of seven sessions.

The Mothercraft talks and discussions contain general antenatal care including nutrition, the layette, an explanation of the birth process, discussions on infant feeding and general baby care; with a talk by the midwife, with a demonstration of the Gas and Air, and Trilene methods of analgesia.

For two of the sessions, mothers booked for hospital confinement are also invited to join the group for a baby bathing demonstration and a talk on Local Health Services.

Visual aids loaned by the County Health Education Department at Hatfield are an additional help in clarifying points in detail.

The Relaxation and Exercises which follow the talks are given in the hope that the expectant mother will have, as far as is possible, a natural childbirth, accompanied by the minimum of discomfort; and judging by letters received and appreciation shown by the mothers after the confinement, I think this has been largely achieved, especially by those who have conscientiously carried out the exercises and relaxation each day at home.

An average of five mothers attended each lecture.

It is rewarding that the majority of mothers complete the course and appear to enjoy their weekly class.

Mothers' clubs at Skyswood and Elstree Way Health Centres continued to be popular during the year.

The work done on Health Education in the schools is discussed on page 17 of the School Health Report.

A number of other talks have also been given by the following members of the staff during the year to various groups.

By Dr. Cust:

Young People's Fellowship, Marlborough Road Methodist
Marshalswick Youth Club
Spastic Society
Redbourn Parent Teacher Association
Skyswood School Parent Teacher Association
Young Conservatives, St. Albans.
St. Saviour's Youth Fellowship, St. Albans.
National Council of Women - St. Albans Branch
Harpenden Round Table
Elizabethan Women's Club
School Meals Staff
First Aid Lectures - St. John Ambulance Brigade
Abbey Young Wives' Group
St. Albans Townswomen's Guild
Catholic Women's League
Maple Women's Club
Old Folks' Welfare Committee

Colney St. Peter's Young Wives' Group
Highfield National Children's Home Youth Club
Fleetville School Parent Teacher Association

Dr. O'Reilly:

Sandridge School Parent Teacher Association

Miss Greenham, Health Visitor:

Young 'Wives' Group, St. Mary's Parish Church, Redbourn.

Miss Bushby, Health Visitor:

The Link Club, Boreham Wood.
The Overflow Club, Boreham Wood.

Miss Joyce, Health Visitor:

Women's Guild, St. Michael's Church, Boreham Wood.
Mothers' Club, Boreham Wood.
Trinity Methodist's Women's Friendly Circle, Boreham Wood.
Roundabout Mothers' Club, Boreham Wood.
Darby and Joan Club, Boreham Wood.

Mrs. Tattersall, Health Visitor:

The Guild, Marlborough Road Methodist Church, St. Albans.

Miss Riches, Health Visitor:

British Red Cross Society (9 lectures on Maternal and Child
Welfare)

Mrs. Dominy:

Modern Parents' Club, Harpenden.

Miss Woodall, Health Visitor:

The Marshalswick Mothers' Club, St. Albans.

Mrs. P.D. Taylor:

Trinity Women's Fellowship, St. Albans.
New Greens Over Sixties Club, St. Albans.
St. Michael's Women's Club, St. Albans.
Dagnall Street Fellowship.

Anti-Smoking Clinic

Five Day Plan to Stop Smoking

The British Temperance Society in co-operation with the Health Department carried out a Five Day Anti-Smoking Clinic at the Town Hall, St. Albans from November 11th - 15th. This was the first type of this course to be run in England, though previous courses had been held in Cardiff and in Belfast. Fifty patients attended the whole of the five nights of the clinic. Preliminary results in these people showed that at the end of eight weeks, forty-eight per cent of them had stopped smoking and another forty-six per cent had reduced their smoking habit. This, however, is far too early to say what the eventual smoking habit of these people will be and they are to be followed up at six months and one year from the end of the clinic by the Health Department.

